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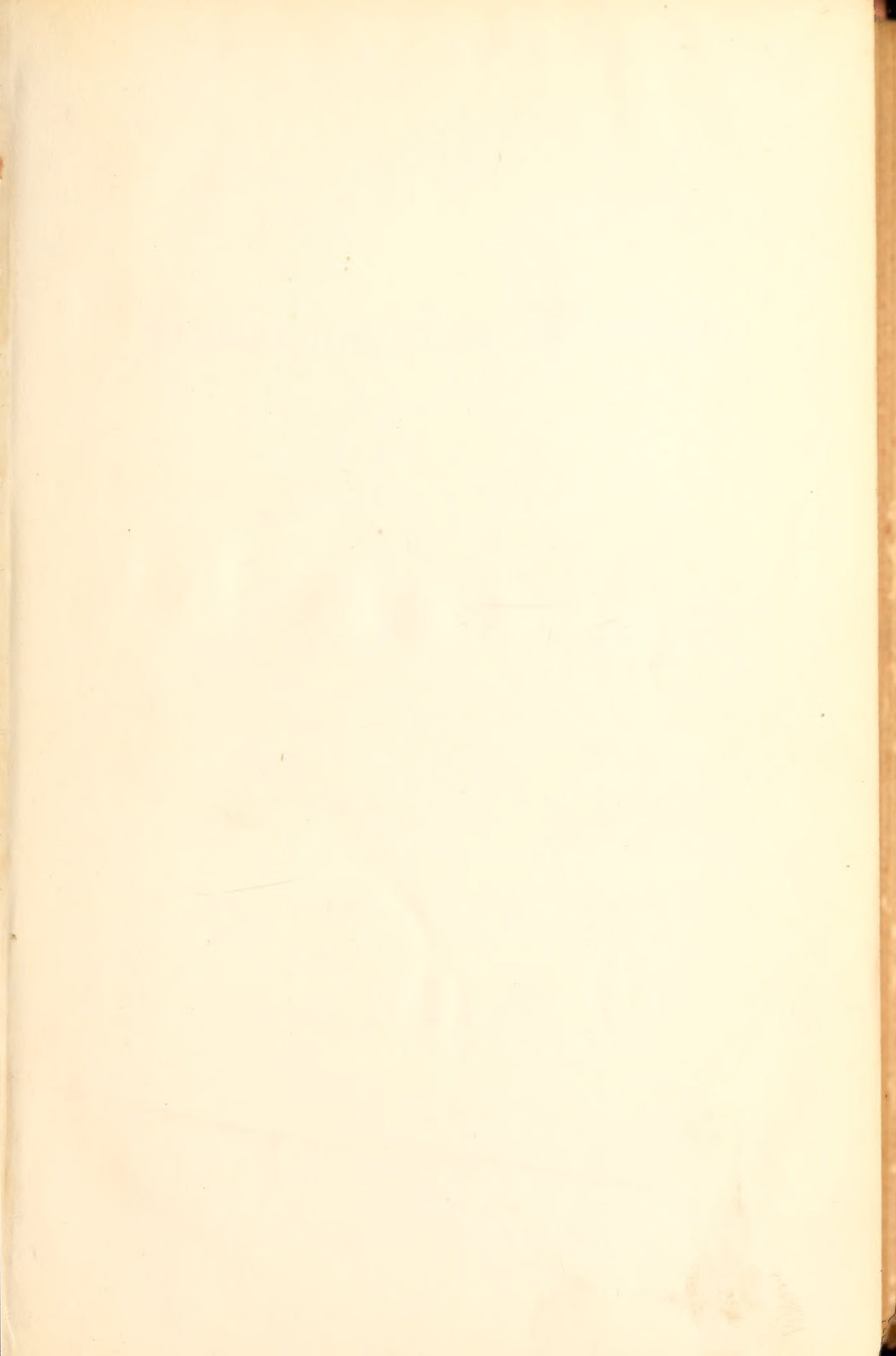
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THERAPEUTICS OF NASAL CATARRH.

BY H. V. MILLER, M.D.

ALLOPATHICALLY considered, the treatment of acute nasal catarrh is anything but satisfactory, while chronic forms are merely palliated; being regarded as absolutely incurable. This results from the fact that they are in all cases subjected to the same routine treatment, consisting chiefly of various astringent lotions. The same treatment is employed in uterine and other forms of catarrh, and with precisely the same result.

As the most frequent of all complaints is a common cold, the uninitiated would naturally suppose that after ages of experiment, the allopathic therapeutics of so simple a thing must be reduced to the certainty of an exact science. This supposition is, however, entirely erroneous.

Sir Thomas Watson, one of the highest of allopathic authorities, thus writes: "In regard to a cold, every man thinks himself qualified to be his own doctor. But if you are consulted, keep your patient in the house or even in bed; let him live upon slops; give him a gentle aperient, and then some of those medicines which are *esteemed* to be diaphoretic; small doses of James's powder; three drachms of the liquor ammoniæ acetatis with a drachm of the spiritus ætheris nitrici and an ounce of

camphor mixture; or a saline draught with an excess of alkali, and a few grains of nitre or a little antimonial wine; give some such dose (how beautifully explicit—what remarkable precision!) three or four times a day, and let him take four or five grains of Dover's powder and put his feet and legs into a warm bath, just before he goes to bed. In this way you *may* conduce to his *recovery*, and he may be simple enough to suppose that you have *cured* him." After indulging in this innocent witticism at the expense of the old routine, the sage professor recovers his gravity, and profoundly remarks: "Yet I believe catarrhs (acute) *may* sometimes be *cured*, and the natural recovery from them *may* be sometimes accelerated." The learned doctor very facetiously uses the term "cure," instead of *suppress* or *postpone*!

Now, if after two thousand years' experience, the old school stands confessedly incompetent to cure a "common cold," in the name of common sense what can they cure?

Every allopathic doctor and layman has his own proper remedy for a cold, and each has a remedy different from almost everybody else. Some may be simple enough to suppose that their remedies are infallible. But the failures, proving more numerous than the cures, or rather suppressions, many of the more intelligent are driven, in their desperation, to conclude that there is really no use in trying to "doctor a cold," and that it must be allowed to run its course, unvexed by useless medical expedients.

It is but recently, in the progress of therapeutics, that catarrhs of the female reproductive system have been rendered amenable to curative treatment. This consists in discarding local palliation and depending on homœopathic remedies, internally administered. Previous to this discovery, local palliative measures were chiefly relied upon in such catarrhs; little hope being entertained of effecting a permanent cure. The *vis medicatrix naturæ* could not reasonably be invoked for aid, because these maladies belong to a class not usually disposed to a spon-

taneous recovery. Hence these female complaints came to be considered almost incurable, and the hapless victims were often doomed to drag out a miserable existence, without hope of any permanent relief. One of the most brilliant achievements of modern therapeutics, is the present successful homœopathic treatment of such cases, once thought to be so desperate. But this success is due to the careful observation of local and constitutional symptoms and idiosyncrasies in each case, and the choice of the remedy suggested by characteristic subjective and objective indications. This is the only reliable mode of treating catarrh or any other disorder. The old pathological routine treatment of this complaint was a complete failure, because it neglected to make the necessary individualizations.

Pathologically regarded, we find nasal catarrh to be at first a simple acute inflammation of the mucous membranes, terminating in resolution, chronic inflammation, or suppuration of the subjacent tissues. It is similar to any other mucous catarrh, whether of the eyes, throat, larynx, bronchia, intestinal canal, or the urinary or reproductive organs. These pathological states, all being similar, differing chiefly in location, they should all prove amenable to treatment on the same general plan.

Many forms of disease afflicting the human family, which were formerly considered obstinate and intractable, by the most powerful counteracting measures, are promptly controllable by the gentlest means, under the law of the similars. So nasal catarrh proves to have been a great bugbear in therapeutics, because, as in intermittent fever, practitioners are reluctant to get out of the old ruts. Some persons are subject to renewed attacks of catarrh whenever they indulge freely in saccharine matters. In such a case, this condition or idiosyncrasy probably ought to be considered in the treatment. Therapeutically considered, nasal catarrhs, like other complaints, require treatment according to the local, or local and general, sub-

jective and objective symptoms combined—the more recent symptoms taking the precedence; that is, treating the case in an order inverse to the development of the disease. This is the key to success in this department of therapeutics. Probably one of the best palliatives is a lotion of tepid water.

Cases.

CASE 1. *Nux vomica*.—G. C., a German, has black hair and eyes, dark, sallow complexion; smokes, and drinks coffee, both of which habits are tabooed. Has been subject to neuralgia for fourteen years, with sharp, shooting pains over one eye or the other, usually the left; the pain commences in the eyeball, and is always worse on rising in the morning, continuing through the day, but better at evening. Has severe attacks averaging once a week. Has also catarrh of the posterior nares, with much dropping of mucus into the pharynx; tongue white; bad taste A.M.; pyrosis; tongue dry all day, with thirst (tobacco); sleepy by day.

December 6th, 1870. A few powders of *Nux vomica*, 5°, controlled his neuralgia in a remarkable manner, so that he scarcely suffered any pain for a month; but the catarrh remained about the same.

January 5th, 1871. *Nux vom.* 36^m completed the cure in two weeks, of both catarrh and neuralgia.

CASE 2. *Pulsatilla*.—Feb. 1st, 1871. Young man, leucophlegmatic, light hair, blue eyes; nasal catarrh, worse in warm room, better in open air; fluent by day; dry and obstructed at night. Two prescriptions of *Pulsatilla* 5° effected a cure.

CASE 3. *Pulsatilla and Mercurius*.—Dec. 3d, 1870. Lady, light hair, blue eyes, leucophlegmatic temperament. Has had nasal catarrh several years; it has been worse the past two years. Discharge thick, yellow, or green; badly tasting; loss of smell; mouth and throat dry and smarting all the time; catarrh fluent by day, dry and obstructed at

night; dull aching in frontal sinuses and left Highmorian cavity; taste defective, but bad taste in the morning if she has any; catarrh seems better in the open air and worse in a warm room; tongue and inner side of cheeks indented by teeth; nasal voice; dry hacking cough from irritation at epigastrium. Puls. 6^m.

December 10th. Cough better; pain in frontal sinuses better; discharge same, except that it is bloody from left side; bones ache when she gets a fresh cold; tongue and cheeks indented the same. Mercurius 36^m.

December 17th. Better in every way; can breathe through the nostrils without difficulty; taste and smell better. No more medicine.

May, 1871. Has continued much better in spite of the worst catarrhal winter on record.

CASE 4. *Kali bich. and Mercurius.*—Jan. 16th, 1871. A very corpulent lady was cured last summer of a profuse, albuminous leucorrhœa, with very weak, lame back, by a few doses of Graph. 5°. There remained a troublesome nasal catarrh of the posterior and anterior nares; discharge of plugs from nose like bloody flesh; tightness and pressure at root of nose; bloody mucus from nose; constant dropping from posterior nares; scabs from nose; this condition has continued two months. Kali bich. 5°.

January 21st. Catarrh better; but drawing pain in liver on exercise; cannot lie long on right side; burning heat in hepatic region; easy sweat without relief. Mercurius 30, twelve powders.

May, 1871. Has been well ever since.

CASE 5. *Sulphur.*—Dec. 31st, 1870. C. H. L., blue eyes, nut-brown hair, light complexion, was subject to constipation until last fall, which was cured by Sulph. Catarrh chronic; discharge putrid, yellowish-green; carrion-smell, or no odor; if headache, it is frontal and vertical with heat there; last summer subject to sudden attacks of diarrhœa at night; then soles of feet burned; faint and hungry at 10½ A.M.; testes relaxed after smoking and drinking.

Sulphur 5^r, one powder occasionally, has been followed by satisfactory convalescence.

May, 1871. Quite well.

INDICATIONS FOR REMEDIES.

Aconite.—In the commencement, dry state; from dry, cold, west winds. Raue. (Hepar.)

Allium cepa.—Profuse, watery discharge from the nose, with sneezing, acrid burning, excoriating the nose and upper lip. (See Arum tri.) Fluent coryza, with running of water from the eyes, headache, heat, thirst, cough, trembling of the hands; worse in the evening and in a room, better in the open air. Lippe. Head and eye symptoms worse on the left side. (See Euphrasia and Puls.) Hering. Violent sneezing; must take a long breath, and then sneezes correspondingly. Guernsey.

Alumina.—Soreness and scabs in the nose, with discharge of thick, yellow mucus; ozæna. (L.)

Ammon. c.—Stoppage of the nose, especially at night; he can only breathe through the mouth, with long-continued coryza. Discharge of sharp, burning water from the nose; congestion of blood to the point of the nose when stooping. (L.)

Ammon. mur.—Coryza with stoppage, great soreness and tenderness of the nose, and loss of smell. (L.)

Anacard.—Fluent coryza; frequent sneezing and frequent inclination to sneeze. The sense of smell is too acute or illusory; smell like pigeon dung or burning tinder. (L.)

Antim. cr.—Sore, cracked, and crusty nostrils and corners of the mouth. (Cocc. Graph.) Sensation of coldness in the nose when inspiring air. (L.)

Argent. met.—Violent, fluent coryza with much sneezing. (L.)

Argent. nit.—Coryza with chilliness, lachrymation, sneezing, and stupefying headache. Discharge of pus with clots of blood. Violent itching of nose. (L.)

Ars.—Profuse fluent coryza of sharp, burning, excoriating water, with hoarseness, sneezing, and sleeplessness. Swelling of, and burning in, the nose. (L.) Not much fever, heat, or thirst; restless, particularly at night; drinks often, though but little at a time; is very weak, and easily agitated; violent burning of the nose, both in-

ternally and externally. Exercise and warmth are agreeable, and exposure does not aggravate the disease. (H.)

Arum tri.—"Nostrils raw and bloody." (G.) Discharge of burning, ichorous fluid from the nose, excoriating nostrils, upper lip, and corners of the mouth. Nose stopped up, can only breathe with mouth open. (L.) Bores and picks at his nose.

Asaf.—Ozaena; discharge of very offensive matter from the nose. (L.)

Aur. fol.—Caries of the nasal bones. Discharge of fetid pus from the nose. Fetid odor from the nose. Very sensitive smell. (L.)

Baryta carb.—Formation of scabs in posterior nares and behind the base of the uvula. (G.)—*Hahnemannian Monthly.*

Beil.—Headache, worse from motion; dull pain in frontal sinuses. (R.) Epistaxis with red face. Over-sensitiveness of sense of smell. Putrid smell from the nose. (L.)

Berberis.—Chronic form; left side, extending into the Highmorian cavity; purulent, yellow or greenish discharge. (R.) Dryness of the nose. (L.)

Borax.—Dry scabs in the nose. (L.) Vertigo from going down stairs. (G.)

Borista.—Scurfs and crusts about the nostrils. Stoppage of the nose with fluent coryza. Epistaxis early in the morning (during sleep). (L.)

Bufo.—Mucus descends into the posterior nares. Sneezing in the evening when going to bed.

Brom.—Coryza with sneezing; the margins of the nose and the parts under the nose are corroded (Kali b.), with stoppage of the nose. Soreness of the nose with scurfs, (L.) Epistaxis relieving the chest. (L.)

Bry.—Extending into the frontal sinuses, or into the chest; stitch pain. (R.) Swelling of the nose with very sore pain when touched. (L.) (Hep.)

Calc. c.—In children of scrofulous tendencies (Jod.); great liability to catarrhs; stoppage of nose, or fluent coryza succeeded by colic. (R.) Nose inflamed, swollen, red; dryness of the nose; nostrils ulcerated and scabby; morning epistaxis; polypus nasi; stench before the nose, as from manure, gunpowder, or putrid eggs. Stench from the nose; sense of smell diminished. (L.)

Camphor.—Dry coryza. (L.) Catarrhal affections, with

headache, from sudden changes of the weather.—*Annual Record.*

Curbo. reg.—Coryza with hoarseness; itching around the nostrils. (L.)

Cauts.—Continuous dry coryza, with obstruction of both nostrils. Coryza with hoarseness, preventing loud speech. Itching in the nose, and of the nostrils. Old warts on the nose. Pimples on the tip of the nose. (L.)

Cham.—Catarrhs with ulcerated nose, chapped lips, one cheek pale and the other red, with chills and thirst. (H.) Rattling cough on the chest. (R.) Sensitive smell. (L.)

Chlid.—Dry coryza with *one-sided stoppage*. (L.) (Staph., violent, fluent.)

Chenop.—Sensation of soreness of nostrils. Violent sneezing with soreness of the larynx. Coryza, with burning and biting on the margins of the nostrils, particularly of the septum. Fluent coryza, with secretion of thin mucus; with accelerated pulse; with coldness of the feet up to the knees, and a chill over the back. (L.)

China.—Redness and heat of the nose. Tearing in the dorsum. Frequent hemorrhage from nose and mouth. Epistaxis after blowing the nose. Dry coryza, with toothache and lachrymation. Suppressed coryza (headache from it). (L.)

Cicuta.—Yellow discharge from the nose. Scurf in the nostrils. Frequent sneezing without coryza. (L.)

Cimex.—Fluent coryza, with pressure in the frontal sinuses. Constant sneezing in the forenoon. Dryness of the nostrils. (L.)

Cina.—Disposition to bore in the nose. The child rubs it constantly, and bores with the fingers until blood comes out. Violent sneezing, with stitches in temples. Stoppage of the nose in the evening (Ammon. c.); fluent coryza at noon; the nose burns. (L.) Cough, with running catarrh and violent sneezing, which makes child cry. (H.)

Cinnab.—Coryza, with lameness of the thighs and aching pain in the small of the back; lumps of dirty yellow mucus are discharged from the posterior nares. (L.)

Clemat.—Violent coryza, with sneezing; the secretion is streaked with blood. Dryness of the nose, with heat.

Coccus c.—Dryness of the nose, with inclination to sneeze. Swelling of the nose, with itching, violent sneezing, and increased secretion of mucus: redness of edges of nostrils; crusts on the edges of the nostrils.

Colch.—Coryza, fluent, with thin, tenacious discharge from the nose. Tingling in the nose. Sense of smell painfully acute.

Coloc.—Coryza, fluent; worse in the open air, better in the room. (Euphr., Lith., Thuj.)

Con.—Purulent discharge from the nose. Excessively acute smell.

Coral.—Violent coryza; discharge resembling molten tallow. Profuse secretion of mucus through the posterior nares, obliging to hawk frequently. Bleeding of the nose, from one nostril at a time (at night). (Calc., right.) Painful ulcer on the inside of the right wing, with the sensation as if the nasal bones were pressed asunder. (L.) (Gumi g.)

Crocus sat.—Discharge from the nose (one nostril at a time) of tenacious, thick, dark black blood, with cold perspiration on the forehead. (L.)

Cyclam.—Fluent coryza (morning). Diminished sense of smell. (L.)

Dig.—Coryza, with hoarseness (Caut., Eupat. perf., Zine, Tell., Nit. ac.). Pain above the root of the nose. (L.) (Petrol. at root.)

Dulc.—Dry coryza, aggravated in the cold air. (L.) Better when in motion, worse when at rest, and the slightest exposure renews the complaint. (H.)

Elaps.—Stoppage of the nostrils; coryza from the least current of air (Natr. c.). (L.) White and watery mucus is discharged from the nose. Bad smell from the nose.

Euphorb.—Discharge of a quantity of mucus from the posterior nares. (L.)

Eupat. perf.—Hoarseness; roughness of voice; cough worse in the evening; aching in all the bones. (R.) Much sweat; lassitude; pale; sensitive; secretion passive.

Euphras.—Profuse coryza, with smarting, lachrymation, and photophobia, or with sneezing and discharge of mucus from the anterior and posterior nares; profuse fluent coryza, with cough and expectoration in the morning; soreness and painfulness of the inner nose; eruptions on the wings of the nose. (L.) Worse in the open air; head and eye symptoms worse on the right side. (H.)

Fluoric acid.—Red, swollen, inflamed nose; obstruction of the nose; fluent coryza.

Gels.—Sneezing, followed by tingling and fulness in the nose. Sneezing, with fluent coryza; profuse watery dis-

charge excoriates the nostrils. Sensation of fulness at the root of the nose, extending to the neck and clavicles. (L.) Disposed to catch cold in the head from any change in the weather. (Dulc.) Sore throat in the upper part of the pharynx; pain on swallowing, shooting up into the ear; deafness. (R.)

Graph.—Frequent discharge of thick, yellowish, fetid mucus from the nose. Coryza as soon as he becomes cold. (Dulc.) Painful dryness of the nose. Epistaxis. Black watery pores on the nose. Dryness in the nose. (Lycop., Merc. v., Mag. m.) Smell too sensitive. Cannot bear the smell of flowers. (L.)

Gummi gutti.—Ulceration of the right nostril, with burning pain. (Coral.) Dryness of right nostril. Sneezing in daytime. Much mucus in the nose, smelling like pus. (L.)

Gymnor. can.—Frequent violent sneezing, originating very high up in the nose. (L.) (Sil. Stan.)

Hepar s.—Coryza, with inflammatory swelling of the nose, which feels as sore as a boil. (Bry.) Very sensitive smell. Sore pain on the dorsum of the nose when touching it. The nose feels sore as if bruised. Redness and heat of the nose. Bruised soreness. (L.) Exposure to cold west winds (Acon.); croupy cough. Disposition to take colds after abuse of Merc. (R.) Catarrh renewed by every breath of wind, or *one nostril* affected. Headache worse from every movement. (H.)

Ignat.—Soreness and sensitiveness of the inner nose, with swelling of it. Ulcerated nostrils. Stoppage of one nostril. (Chel. Niccol.) Dry coryza. (L.)

Ipec.—Coryza, with stoppage of the nose. Loss of smell. Epistaxis. (L.)

Jacarand. car.—Sneezing and fluent coryza. Coryza, with heaviness and weariness at the vertex, forehead, and eyes. (L.)

Jodum.—Dry coryza, becoming fluent in the open air. Small scab in the right nostril. (Gum. g., Coral.) (L.) Chronic, fetid discharge; nose swollen and painful. (Hepr.) Scrofulous habit. (Calc.) (R.)

Kali bich.—Coryza fluent; worse in the evening (Puls., Cepa), in the open air (Euphras.); obstruction in the morning, and bleeding of the nose (right nostril) (Calc.) Profuse secretion from the right nostril; a spot in the right lachrymal bone is swollen and throbbing. Flow of acrid

water from the nostril, excoriating the nostrils, and burning the upper lip (right). (Cepa, Arum tri., Brom.) (Tight) *pressure at the root of the nose*. Nose is stuffed up. *Nose is painfully dry*; the air passes with ease through it. Tickling, like a hair moving or curling itself in the top of the left nostril. Sneezing in the morning. The sensation of a hard substance compels one to blow the nose, but there is no discharge from the dry nose. (See Sticta.) When blowing the nose, violent stitches in the right side of the nose, and a sensation as if two loose bones rubbed one against the other. The exposed air feels hot in the nose. *Scab on the septum*. The *septum ulcerates*. *Round ulcer on the septum*. Small ulcers on the edge of the (right) nostril (Coral.); violent burning when touched. Discharge of large masses of thick clean mucus from the nose; if that ceases he has *violent headache*; *pain from the occiput to the forehead*. Watery secretion, with great soreness and tenderness of the nose. Discharge of tough green masses from the nose. Discharge of hard elastic plugs (clinkers) from the nose. Sensation of fetid smell before the nose. (Puls., &c.) Loss of smell. Fetid smell from the nose.

Kali carb.—Fluent coryza, with excessive sneezing (Merc. constant., Cepa, Euphras.); pain in the back and headache. Obstruction of the nose. Dull smell. Redness and swelling of the nose, with internal soreness. Burning in the nose. (Ars.) Sore scurfy nostrils. Ulcerated nostrils. Bloody red nostrils every morning. (L.)

Kali chlor.—Violent coryza, with much sneezing and profuse secretion of mucus. (L.)

Kali hypd.—From the least cold, repeated attacks of violent acrid coryza, with bloated eyelids, stinging pain in the ears, redness of the face, white-coated tongue, *nasal voice*, violent thirst, alternate heat and chilliness, dark hot urine, headache, and great soreness and tenderness of the nose (in persons who have previously taken much mercury). (L.) Watery nasal discharge feels cool. No excoriation. Inflammation of the mucous membrane of the nose and the eyelids. Redness and swelling of the nose, with constant discharge of watery, acrid, colorless liquid. Chronic catarrh of frontal sinus in scrofulous people. (Burt.)

Kalm.—Coryza, with increased sense of smell. (L.)

Kobalt.—Thin discharge from the nose; water from the

nose. Nose feels obstructed. Putrid sweetish smell before the nose. (L.)

Lach.—Coryza, with discharge of thin water, and red nostrils. Scabs in nose. (Ranunc. b. Thuj. Strict.) Redness of the point of the nose. (L.) Soreness of the nostrils and lips. Useful after a suppression of a cold in the head. (R.)

Lauroc.—Nose feels stopped up; no air passes through the nose. Coryza, with sore throat. (L.)

Lith. c.—Nose obstructed above and in the forehead in the morning and forenoon. Blows his nose very much in the evening; much mucus remains behind in the choana. Dropping from the nose in the open air. (Coloc.) Nose swollen, red, especially on the right side, sore internally, shining crusts form in it; it is dry, and as if inflamed (at the same time, frequent urinating at night, disturbing sleep). (L.)

Lycop.—Violent coryza, with swelling of the nose. Coryza, with acrid discharge, making the upper lips sore. (Cepa, Arum tri. Brom. Kali bich.) Dryness of the posterior nares. Obstruction of the root of the nose; *can only breathe through the nose*. Dryness of the nose. Nightly closing of the nostril by pus. Scurf in the nose. (Graph.) Over-sensitiveness of smell. (L.) Catarrh of frontal sinuses (after Bell), especially when there is a yellowish color of the face, and a yellow discharge from the nose. (Annual Record.)

Magnes. c.—Dry coryza and obstruction of the nose, waking one at night. (Ammon. c.) (L.)

Magnes. mur.—Coryza, with loss of smell and taste (Puls.), and discharge of yellow fetid mucus. (Puls.) Discharge of acrid corrosive water from the nose. At night the nose is obstructed. Distressing dryness of the nose. Ulcerated nostrils. Scurf in the nostrils painful to the touch. Sore pain and burning in the nostrils. Redness and swelling of the nose. Swelling of the wings of the nose. (L.)

Magnes. sulph.—Fluent coryza, with rough voice, pain in the chest, and frequent flow of water from the nose. Pain in the posterior nares, as from air pressing through with violence when coughing or talking. (L.)

Mang.—Violent dry coryza, with entire obstruction of the nose. Painful crampy tearing between the root of the nose and the eyebrow. (L.)

Marum. v. t.—Coryza, with stoppage of the nostrils.

Stoppage of both nostrils often through the day. (L.)
Polypus.

Merc. v.—Profuse fluent coryza, with profuse discharge of watery corrosive mucus. Scurfy nostrils, bleeding when cleansed. (Compare Magnes. mur.) Greenish fetid pus is discharged from the nose. Red shining swelling of the nose, with itching. (L.)

Merc. subl.—Swelling and redness of the nose. Fluent coryza; loss of smell. Ozaena; discharge from the nose like glue, drying up in the posterior nares. *Perforation of the septum.* (L.) (Compare Kali bich.)

Merc. proto.—Stitch at root of nose. A great deal of mucus in the nose. A great deal of mucus descends through the posterior nares into the throat. The right side of the septum and right nostril are very sore and much swollen. (L.) (Compare *Merc. subl.* and *Kali bich.*)

Merc. sulph.—Swelling and soreness of tip of nose. (L.) (Nicol.)

Mez.—Fluent coryza, soreness of the nose, scabs in the nose, and soreness and burning of the upper lip. Sense of smell diminished, with dryness of the nose. (L.)

Muriatic ac.—Continuous epistaxis. Sore nostrils with stinging pain. Obstruction of nose. Coryza, with thick, yellow, or watery corrosive discharge. (L.)

Nat. carb.—Ulcerated nostrils, high up in the nose. Coryza, with cough, from the least current of air, only going off with sweat. (Elaps.) Obstruction of the nose; hard, fetid clots come out of one nostril. Thick, yellow, or green discharge from the nose. Coryza on alternate days. (L.)

Nat. mur.—Left-sided inflammation and swelling of the nose, with painfulness to the touch. The nose feels numb on one side. Soreness of the nose, with swelling of the interior wings. Scabs and scurfs in the nose. Loss of smell and taste. (L.)

Nicol.—Dryness of the nose. The nose is stopped up (right side) at night. Coryza, fluent during the day, and dry during the night. (Calc. Nux.) Stinging, tearing, and soreness at the root of the nose. Redness and swelling at the tip of the nose with burning. (*Merc. s.*) (L.)

Nitric ac.—Stitch in the nose, as from splinters, where touching it. Disagreeable smell in the nose on inhaling air. Fetid, yellow discharge from the nose; fetid smell

from the nose. Soreness, burning, and scurf in the nose. Unsuccessful attempt to sneeze. The nose is dry and stuffed up; complete obstruction of the nose; water is dropping out. Dry coryza, with dryness of the throat and nose; the wings of the nose are inflamed and swollen. Fluent coryza, with obstruction of the nose; the mucus is only discharged through the posterior nares. Coryza with dry cough, headache, hoarseness and stitches in the throat. (L.)

Nux. vom.—At the commencement, nose dry; or fluent only through the day, and in the evening stopped up again (Calc. Niccol.); dry cough; constipated bowels. (R.) Same symptoms as Ars. when the latter causes no improvement in twelve hours. *Mouth dry and parched, without much thirst*; tightness of chest; alternate fever and chilliness, especially at eve. Also great heat of head and face. (H.)

Petrol.—Dryness and sensation of dryness in the nose. Fluent coryza with hoarseness. Swelling of the nose, with discharge of pus and pain at the root of it. (L.)

Phytol.—Flow of mucus from one nostril while the other is stopped. (Compare Hep.) Total obstruction of the nose when riding. (R.)

Plumb.—Fetid odor before the nose. Much tough mucus in the nose, which can only be discharged through the posterior nares. Cold nose. (L.)

Puls.—Thick, yellow, greenish discharge; loss of smell and appetite; no thirst; feels better in the fresh air, worse in the warm room; epistaxis; affection of the frontal sinuses. (R.) Nose feels sore internally and externally. Ulceration of the exterior wing (Cor.) of the nose, emitting a watery humor. Epistaxis,—blood coagulated: with dry coryza. Green fetid nasal discharge, like an old catarrh. (Sulph.) Smell before the nose as from an old catarrh. Coryza, with loss of smell and taste, or chronic, with a heavy yellowish-green discharge. (L.) Coryza worse in the evening. (Cepa.) Coryza fluid or dry, with loss of taste, sore nostrils; later a yellowish-green discharge. Or not so much soreness of nose, but the patient is at once deprived of appetite and smell. (H.)

Ran. bulb.—Scabs in the nostrils. (L.)

Ratanhia.—Dryness of nose. Dry coryza with complete stoppage of nostrils. Epistaxis. (L.)

Rhus tox.—Redness of the tip of the nose, with soreness

when touched. Inflammation of nose. Nose sore internally. Nose bleeds at night or when stooping (coagulated blood). Discharge of green offensive pus from the nose. (L.) Thick, yellowish mucus; fever-blisters and crusts under the nose, after getting wet; aching in all the bones worse in rest. (R.)

Rumex.—Violent sneezing, with fluent coryza, worse in the evening and at night. (L.)

Sanguin.—Fluid coryza alternating with stoppage of the nose; eyes painful when touched; soreness in throat; cough, and finally diarrhœa. (R.)

Scilla, mar.—Nostrils painful as if sore, with violent coryza (in the morning). (L.)

Selen.—Yellow, thick, jelly-like mucus in the nose. Inclination to bore with fingers in the nose. Itching in the nose and on the borders of the wings. (Cin.) (L.)

Sep.—Nose swollen and inflamed, especially on the tip. Scurfy tip. Ulcerated nostrils. (Staph. Puls. Sil.) Stoppage of the nose; dry coryza. Violent epistaxis and blowing of blood from the nose. Loss of smell or fetid smell before the nose. Ozæna; blowing of large lumps of yellow-green mucus or yellow-green membranes, with blood, from the nose. (Compare Kali bich.)

Sil.—Painful dryness of the nose. Gnawing pain and ulcers high up in the nose, with great sensitiveness of the place to contact. Acrid, corroding discharge from the nose and stoppage of the nose. Loss of smell. Scabs and ulcers in the nose. Bleeding of the nose. Frequent, violent sneezing. Long-continued stoppage of the nose from hardened mucus. (L.) Long-lasting or frequent-returning catarrh, nose either running or stopped up. (H.)

Spig.—Secretion of large quantities of mucus through the posterior nares, the nose being dry. (L.) Same badly tasting and smelling; do. at night; choking. (R.)

Stan.—Dry coryza on one side, with soreness, swelling and redness of the nostril. The nose is stuffed up high up. (L.)

Staph.—Ulceration of the nostrils with scabs deep in the nose. Violent coryza. One nostril is stuffed up, with much sneezing and lachrymation. (L.)

Stict.—Constant need to blow the nose, but no discharge results. (Kali b.) (F.) Excessive dryness of the nasal membrane (mucous). (Boyce.) Secretions dried quickly and discharged after great effort in the form of hard scabs. (L.)

Stront. carb.—Dark, bloody scabs are blown from the nose. (L.)

Sulph.—Swelling and inflammation of the nose. Dry ulcers or scabs in the nose. Smell before the nose as from an old catarrh. (Puls.) Burning coryza in the open air, obstruction of the nose in the room. Dryness of the nose. (L.) Chronic form; stoppage; or, thick, yellowish, greenish discharge; sore nose; deafness (R.) If other remedies fail. (H.)

Tellur.—Coryza with hoarseness, while walking in the open air. (L.)

Thuj.—Blowing from the nose of a large quantity of thick, green mucus, mixed with pus and blood; later of dry, brown scabs, with mucus, which comes from the frontal sinuses, and firmly adheres to the swollen upper portion of the nostrils (see *Stront.*) Painful scabs in the nostrils. Accumulation of mucus in the posterior nares. Swelling and induration of the wings of the nose. Smell in the nose as of fish-brine or of fermenting beer. Fluent coryza in the open air, and dry coryza in the room.

Zinc. m.—Nose feels sore internally. Swelling of one side of the nose with loss of smell. Coryza with hoarseness and burning in the chest. (L.)

Zingib.—Dryness and obstruction of the posterior nares. Ozæna. (L.)

Bufo, *Euphorb.* and *Plumb.* give discharge through posterior nares. *Spig.* and *Nit. ac.*, do., with anterior obstruction. *Euphras.*, do., with sneezing. *Merc.*, *Jod.*, and *Coral*, profuse, do. *Cinnab.*, dirty lumps. *Thuj.* accumulation in posterior nares.

In the *Annual Record* for 1870, p. 130, the following general statement is made:

"*In general, fluent coryza* requires especially: *Acon.*, *Arsen.*, *Bell.*, *Calc. c.*, *Hepar.*, *Iodium*, *Kali hydroj.*, *Mercur.*, *Sulphur*.

"*Dry coryza*: *Calc. c.* *Graph.*, *Lyc.*, *Puls.*, *Petrol.*

"*Dry and fluent coryza alternating*: *Kali c.*, *Natr. m.*, *Nux vom.*, *Phos.*, *Silicea.*"

COMPARISONS.

STOPPAGE OF NOSE.—*Ipecac.*, *Kal.*, *Lauroc.*, *Magnes. c.*,

Magnes. mur., Mang., Nit. ac., Sil., and Sulph. Magnes. c. (waking at night). Ammon. c. and Magnes. mur. (at night). Cin. (at eve). Marum v. t. (by day). Phytol. (riding). Niccol (right side at night). Lycop. (nightly closing of the nostril). Sil. (long-continued from hardened mucus). Sang. (alternating with fluency). Elaps (from least current of air). Lycop. (can breathe only through the nostrils). Ammon. c. and Arum tri. (*can only breathe with open mouth*).

VIOLENT SNEEZING.—Acon., Ars., Coccus, Rhus, Sab.

INEFFECTUAL EFFORT TO SNEEZE.—Carbo v., Galv., Mez., Plat., Raph., Zinc. ox.

CONCOMITANTS. (*Curie's Jahr.*)

Asthmatic sufferings, Calc., Bov., Kal., Lach. *Bore nose with finger*, Arum tri. and Cin. *Pains as if beaten*, Hep. *Erosion in chest*, Carbo v., Kreos., Meph. *Oppression of chest*, Calc. *Colic*, Acon. *Humming in ears*, Acon. *Epistaxis*, Ars. *Nervous excitability*, Ignat. *Fever*, Hep., Lach., Merc., Natr., Spig. *Alternately with griping*, Calc. *Heat in head*, Lye., Nux. *Anguish of heart*, Anac. *Heat*, Spig. *Lachrymation*, Euphras., Lach., Staph. *Pains in limbs*, Sep. *Eruption on lips*, Mez. *Dryness of the mouth*, Nux. *Nausea*, Graph. *Scraping in nose*, Nux. *Odontalgia*, Lach. *Trickling of mucus from posterior nares into fauces*, Coral. r. (Burt.) *Otalgia*, Lach. *Sleeplessness*, Ars. *Embarrassed speech*, Magn. *Loss of taste*, Magn. m., Natr. m., Puls., Rhod., Tart. *Roughness of throat*, Caust. *Sore throat*, Nit. ac., Phos., Phos. ac. *Flow of urine*, Verat. *Painful weariness*, Hep. *Disposition to weep*, Spig. *Yawning*, Carbo an.

GONORRHOEA.

BY H. F. HUNT, M.D.

(Read before the West Jersey Homœopathic Medical Society, May 17, 1871.)

GONORRHOEA is a specific and a contagious disease. It consists of an inflammation of the urethra, and is attended with a discharge of mucus peculiar to itself, and decidedly infectious. It always originates from the application of the specific animal poison to the mucous membrane lining the urethra. This occurs most generally during intercourse with a person similarly affected. It is entirely distinct from syphilis, nor is it ever attended with the severe constitutional effects of that disease.

The symptoms are so positive in their character that the diagnosis is always rendered certain. They first manifest themselves from four to eight days after infection, by a slight itching and tingling at the orifice of the urethra, particularly after urinating; also by a slight flow of thin mucus. The inflammatory stage usually succeeds these premonitory symptoms in about forty-eight hours. Then the whole urethra becomes involved, accompanied with a frequent desire to urinate, which is attended with excessive burning and scalding. The discharge becomes more copious, and yellow or greenish in character. The body of the penis seems to sympathize with this condition, and an erection is attended with extreme anguish.

It is at this stage of the disease that, under improper treatment, serious complications may occur, involving the bladder, testicles, or prostate gland; but under our benign system of treatment, these very rarely annoy us. I shall only refer to these complications, as I propose to treat of simple gonorrhœa.

The prognosis is very uncertain. An attack may be cured in a few days, or with the most careful treatment may continue as many weeks. The severity of the attack at the commencement, affords but very little help in determining its duration.

I have endeavored to glance briefly at the most common and prominent symptoms of gonorrhœa, and I shall now proceed to its treatment. I have always relied implicitly upon our medicines, and I cannot recall a single instance in which I have not effected a cure, and that without any of the unpleasant consequences that so frequently follow the old method of treatment.

During the early progress of the disease, when the inflammatory symptoms predominate, there is very little opportunity afforded for study in the selection of the remedy.

Aconite, Cantharis, Cannab. sat., or Merc. cor., possess the power of soon controlling the frequent and painful urination and the chordee. I generally prescribe a few doses of Aconite, and follow with Cantharis, until the severer symptoms are subdued, when I use either Cannab. sat. or Mercurius, which usually proves sufficient to cure the disease, or allay all irritation, except the discharge. Should the disease not be arrested at this point, considerable care is necessary in selecting our remedy. The variations in the character of the discharge will usually enable us to determine the true *similimum*.

I shall confine myself to mentioning a few of the numerous remedies recommended, and those from which I have seen beneficial results in practice.

Aconite. Useful only at the commencement of treatment, when the inflammatory symptoms predominate.

Cantharis. In acute cases. The inflammation involves the whole of the urethra, and may extend into the bladder. Frequent and painful urination. Sudden and almost uncontrollable urging to urinate; violent and painful erections.

Cannab. sat. I regard this as our chief reliance when the acute symptoms are somewhat mitigated. There still remains some pain during micturition; great soreness of the urethra; a copious discharge of whitish or yellowish

mucus. I generally give the tincture, or the first decimal dilution.

Merc. cor. Similar in many respects to Cannab., except the discharge is of a greenish color, and worse at night.

Sulph. The discharge is of whitish color. The urine drops slowly from the urethra, and deposits a thick mucus.

Hydrastis. In cases of gleet attended with debility. A copious discharge without pain or soreness in the urethra.

Agnus castus. In gleet, with sexual inability.

Petroleum. Itching of urethra in cases of long standing.

There are other remedies from which I have derived benefit at times, but I deem it unnecessary to refer to them.

Injections.—I believe it to be our duty to employ any means not inconsistent with our principles, for the speedy cure of our patients. I therefore, in certain instances, use injections, and believe the practice to be homœopathic. I never resort to them until all inflammatory symptoms are subdued, and I have never seen any unpleasant results follow their use.

I generally prefer a weak solution of sulphate of zinc. I have never seen any marked improvement follow the use of injections of *Hydrastis*, and it is unpleasant to use.

Liquor plumbi will frequently produce excellent results.

Cases.

CASE 1.—Mr. S., a young man, consulted me on February 23d. Four days previous he felt a slight tingling and itching in the penis, particularly after urinating; this was soon followed by a more frequent desire to urinate, which was attended with considerable burning and a slight discharge. He had never been in this situation before. I gave him *Canth.*², a powder every two hours. Two days afterwards he reported the desire to urinate less frequent but still painful; the discharge much increased. I gave *Cannab. sat.*, five drops every three hours. Four

days afterward all the symptoms were a little improved; continued the medicine for four days longer. Still improving, the discharge being of a whitish color. I gave Sul.⁶ in alternation with the Cannab. s. every four hours. The medicines were continued, and the case cured in three weeks from commencement of treatment.

CASE 2.—March 3. Mr. G., a young man. He complained only of a slight scalding when urinating. He felt the first symptoms of his trouble this morning. He had suffered from several attacks previously. He was obliged to leave home for two weeks, and did not want to go without taking medicine. I gave Cannab. s., six drops every four hours, and a vial of Merc. cor. to take if the discharge should become troublesome. He reported himself well on returning home, and said the drops cured him.

CASE 3.—March 10. This occurred in a person of debilitated constitution, who had suffered from chronic diarrhœa for several years. He had suffered for several days before applying for treatment. The most prominent symptoms were the frequent desire to urinate with extreme pain during and afterwards. There was some discharge, and troublesome chordee at night. I gave Aconite and Cantharis in alternation every two hours. I advised rest, and a plain nutritious diet. After three days, the inflammatory symptoms seemed modified. I gave Cannab. s., and at the end of two weeks he appeared almost well, but on resuming work all his symptoms became aggravated. I gave Merc. cor., which afforded some relief, yet the improvement was very slow. The discharge assumed the gleet form after giving these remedies. Hydrastis in ten-drop doses of first decimal dilution controlled the discharge in a very few days. There only remained a little soreness of the fossa navicularis, with occasionally a drop of mucus. Injections of Glycerine soon entirely relieved. Time of treatment nearly seven weeks.

A case of gleet that had resisted all kinds of treatment

by various persons was cured in three weeks by *Petroselinum*. The indications were, itching in urethra, with frequent returns of painful urination, lasting for a day or two.

PARALYSIS AGITANS AND PARALYTIC TREMORS.

BY DR. ALBERT EULENBURG.

(Extracts from his "*Lehrbuch der Functionellen Nervenkrankheiten*," Berlin, 1871.

By S. Lilienthal, M.D.)

THE initial and essential symptom of paralysis agitans is the tremor, which exists either as simple tremor, in the form of weak, oscillating, quickly succeeding contractions, or in stronger clonic convulsions. These movements begin mostly in the upper extremities, and extend gradually to the lower ones, and to the facial muscles, when we may also find some stammering. More rarely the muscles of the trunk, especially of the neck, become affected. In solitary cases the tremor remains limited to one-half of the body.

The tremor is independent of voluntary and also of passive motions, and differs thus diagnostically from many forms of chorea, and from the tremors of gregarious sclerosis.

Paralysis accompanies the tremors only secondarily, gradually increases, remains mostly incomplete, and is not rarely more circumscribed. The extensor muscles of the head are a favorite place of attack. The electric reaction from the induced as well as from the galvanic current, remains unaltered in the affected muscles. Only exceptionally we find the voluntary muscles of the bladder and of the rectum become paralyzed. Temperature is not increased, in spite of the increased muscular activity. Disturbances in the sensory sphere show themselves either in the form of paralytic sensation (pricking, crawling), or in form of partial, mostly incomplete, anæsthesia; or they may be entirely wanting. On the contrary, other and frequent central symptoms are, cephalæa, vertigo, sleeplessness, psychical uneasiness, hypochondria, melancholy, hallucinations, and maniacal paroxysms. When the disease lasts some time, loss of memory and of judgment may develop itself.

Paralysis agitans is a rare affection, rarely setting in under the age of forty, and most frequently after the sixtieth year. Males are more frequently attacked than females. The disease is somewhat related to some toxical neuroses, especially to the tremors of chronic Mercurialismus, Saturnismus, and Alcoholismus.

Mercurial neurosis (tremor mercurialis) shows most decided similarity to paralysis agitans.

Tremor saturninus is more rare, and usually not extended over the entire muscular system, being mostly limited to the upper extremities and to single facial muscles (orbicularis and levator anguli oris); and other symptoms of lead poisoning, as colic, paralysis of the extensors, arthralgia, &c., usually precede the tremors.

In *chronic alcoholismus*, the tremor is one of the most frequent symptoms, but the tremor potatorum, to which muscular debility and paralysis may become conjoined, is the worst in the morning when still sober, whereas it will be lessened by the use of liquors; furthermore we always find here gastric disturbances.

The *pathological anatomy* of paralysis agitans still remains unsatisfactory.

Stafella found cerebral atrophy, with secondary hydrops of the ventricles and membranes, and an apoplectic cyst of the size of a pea, in the right thalamus opticus; pons and medulla oblongata strongly indurated; the arteries on the base calcined; and in the lateral cords of the spinal marrow, especially in the lumbar region, gray opaque streaks, consisting, like the indurations in the pons and medulla, of embryonal connective tissue.

Cohn found cerebral atrophy in one case (male, 49 years old), and in another, atrophy of the spinal cord in the region of the second vertebra of the neck.

Skoda found in a woman, 34 years old, extensive sclerosis of the central parts. In some opaque spots of the cerebral mass the nerve-tissue had perished, and embryonal connective tissue took its place, producing also sclerosis of the pons and medulla oblongata.

Petravus found only a fatty degeneration of the heart and pneumonic induration.

Ordenstein found in one case rarefaction of the nerve-tubes; in another case softening of both pedunculi cerebri and some loss of substance in the pons; in a third case the whole result was negative.

Th. Simon examined four cases without finding anything.

Our author considers the pons and the upper part of the medulla oblongata as the starting-point for the chief symptoms of paralysis agitans, and shows that the gregarious diffuse sclerosis of the nerve-centres differs in essential points from paralysis agitans, and that it is a disease *sui generis*. *Lareber* describes a rare case of sclerosis of the pons where there was no tremor, but gradually increasing debility of the extremities, obstruction in speech, strabismus and amaurosis of the left eye, difficult deglutition, mental stupefaction and somnolence; during the last weeks vomiting and severe headache in vertex. Autopsy revealed a general sclerosis of the pons, with considerable enlargement, especially on the left side. In another case of sclerosis of the pons, *Lareber* observed general tremor, but always steadily increasing motory debility, without perfect paralysis. In most cases the stupefaction even increased to idiocy. Another differential point is, that paralysis agitans is only observed after thirty years, whereas sclerosis has also been observed in young persons. In sclerosis the first symptom is the motory debility, steadily increasing to palsy, whereas in paralysis agitans, the tremor always precedes for some time. In diffuse sclerosis, the paralysis begins without any exception in the lower extremities, whereas in paralysis agitans the upper ones are first affected. The tremor of sclerosis never appears spontaneously, but always in voluntary or passive motion.

Paralysis agitans must be also distinguished from simple tremors, which sometimes attack the voluntary muscles with the exception of the facial ones. Such simple tremors decrease or cease entirely during perfect rest, increase through mental or physical exercise, and never produce paralytic symptoms or a decrease of muscular power.

KEY-NOTES; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M.D.

(Continued from Vol. VI, p. 283.)

Chelidonium majus.

If this remedy had but the one symptom, and that symptom were duly appreciated by the profession at large, *Chelidonium* could not possibly be dispensed with in the

practice of medicine. This symptom is, *a fixed pain under the inner and lower angle of the right shoulder-blade* (first observed by Dr. Jacob Jeanes, one of the most accurate observers in the profession at the present day). This symptom has proved a most valuable and reliable key-note in many and complicated cases. The pain often reaches into the chest or liver, and is attended with a frightful cough, diarrhœa, and exhaustion, the symptoms withstanding the best of medical treatment for years. In these cases, one or two doses of Chelid. 2^r relieves the peculiar pain, and then, by patiently awaiting its continued action, the whole train of morbid symptoms gradually disappear, and perfect recovery will be the result, following not more than two or three doses of this one remedy.

It may always be thought of in affections of the *liver*, and in troubles of the *portal system*, when the following symptoms are prominent :

The *mind* is so troubled and sad, without any apparent cause, that one cannot keep quiet, is restless, weeps, and *must* move from place to place from mental anguish.

Head has stitching pains, particularly in the vertex, made worse by fast walking. Headache as from *pressure* from within *outwards*. *Contractile* headache as if the cranium were too small. The headaches are made worse by open air, coughing, sneezing, blowing the nose, and by stooping ; relieved by eating, returning soon after, and so continues all day. *Scald head*. Coldness about the occiput, rising up from the nape of the neck.

The *eyes* have contracted pupils. *Painful pressure* on the *upper eyelids*, either right or left. *Fistula lachrymalis*.

Long-continuing stitch in the *external right ear*, *going off gradually*. *Sensation in both ears* as if *wind* were *rushing out*. Noise in the ears resembling the distant roar of cannon. Tearing pain in the internal ears. Whizzing, as if little jets of wind suddenly escaped from the ears. Obstructed hearing during cough.

Twitchings and tremor in the tip of the nose. Dry *coryza*, with partial stoppage, as of one side for instance.

Itching and herpes of the face. Drawing pain in left malar bone when lying down. Pale countenance.

The *teeth* of the left lower jaw are painful when touched. Tearing pain in the antrum highmorianum.

The symptoms of the *pharynx* and *oesophagus* present the following: Great sense of tightness around the neck, above the larynx, as if the parts were constricted, hindering deglutition but not respiration. A sensation in the throat as if too large a morsel had been swallowed.

Taste in the mouth is bitter, food tasting natural. Longing for milk, the drinking of which makes one feel much better all through the body. *Hiccough*. Prefers hot drinks. Oppressive or cramp like throbbing in the pit of the stomach, and breathing with anguish. Bad feeling in the stomach and sensation of coldness therein; continual gurgling in the abdomen; colic; retraction of the umbilicus, accompanied with nausea; constant cutting in the bowels immediately after a meal; pinching pain in the left groin.

Costiveness, stools like sheep's dung. Thin, bright yellow stools, sometimes brown or white, and watery or mucous. Pale or reddish, or greenish urine.

Menses retarded, but continue longer than natural. The milk is secreted less and less, until it entirely stops.

A sensation of throbbing in the lungs. Stitches and soreness in the lungs, worse by deep breathing, coughing, or sneezing. Violent stitches in the region of the heart. Stitches under the clavicle, left side, and in region of right mamma.

Frequent paroxysms of dry, violent, hollow, or short exhausting cough; excited by tickling in the larynx, by sensation of dust in the trachea, throat, and behind the sternum, not relieved by coughing. Cough usually dry; sometimes the force of the cough throws out lumps of mucus. Sometimes the morning cough is quite loose.

Cough is usually worse in the morning. Sensation of pressure on the larynx as if air could not pass through, or as if a swelling or a lump were there.

Tearing in the lowermost lumbar vertebra, extending to the iliac bones. Sensation as if the vertebræ were being torn apart when stooping forwards, and then bending backwards again; also when walking.

An inability to use the right *arm* and forearm with much freedom, and sometimes attended with tearing pain. The joints of the fingers of the right hand become yellow, cold, and dead, the nails blue. Tearing in the tips of fingers of the same hand.

A sort of paralytic weakness in the left *thigh* and *knee* when stepping. Hard pressure in a space of two fingers' breadth below the right patella. A similar sensation under the left patella, more toward the inner side. Cramp in the sole of the right *foot*, which is curved downward together with the toes; the toes are without sensation; the cramp is relieved by compressing the calf, but increased when putting the foot down. Great *drowsiness* and laziness; does not feel well, without knowing why; has to lie down; everything seems unpleasant. Desires to sleep without being able to do so. Violent chills in the evening, in bed, lasting an hour, the external body feeling warm, terminating in sweat, which lasted the whole night. Shaking chills when walking out, even in the summer, not abating until re-entering the room.

The right *foot* is cold as ice, the left foot, and all other parts of the body have their natural warmth, and the veins of the hands and arms are swollen. No thirst attends the chills belonging to this remedy.

Pricking pains now in the hand or arm, now the knee, foot, abdomen, &c.

Weariness and lassitude; one finds it difficult to move with celerity; dreads motion and work.

Aggravations in the morning.

Old, putrid, spreading ulcers.

Loose, rattling cough, remaining a long time after whooping cough or measles.

Nausea, which causes a great heat of the body.

One is subject to hepatic disease, with jaundice and pain in the top of the right shoulder, or under right shoulder blade.

The urine is often deeply tinged with green.

Pain in the whole region of the liver, relieved by eating. *Gall-stones*, with jaundiced complexion.

Pneumonia, with lungs full of mucus, and cheeks dark red. Spasms of the glottis on expiration, accompanying slight fits of coughing.

Symptoms *aggravated* in the open air, *relieved* in a close room.

(To be continued.)

PROVING OF AGARICUS MUSCARIUS.

BY DR I. SCHELLING.

(Translated from the A. H. Z. by S. Lilienthal, M.D.)

Oct. 19th, 1860. $\frac{1}{200}$ in solution, with diluted alcohol, taken in three doses.

Prover is healthy, except some sensory weakness, nightly crowding of ideas, with perspiration in the morning and granular gelatinous expectoration, only in the morning.

Sleepiness, head heavy and stupefied (unusual). Stitches on right side of vertex. Dulness of the head; disinclination to study; morose. In the afternoon, tired and sleepy. Sexual nisus increased. In the evening, continual dizziness (after light work in the garden), debility, and general malaise, with vertigo (unusual). Rush of blood to the head. Heat in head and face. At night, sleep full of dreams. Magic scenes. Free declamations, with sweat after midnight afterwards half-conscious sleep with irresistible crowding of ideas till the morning).

20th. In the morning, heaviness in the head and expectoration as usual. Cold feet, as if they were in snow, at 9 A.M. In the afternoon, pains in back and sacrum from working in the garden. Vertigo, frequent sneezing,

and pains in the extremities. At night, dreams like those of the previous night.

21st. Less tired in the morning, less expectoration. Pressure, stitches, feeling of fulness in the middle of the chest. After breakfast, fine stitches and pressure in the upper part of the chest, like a burning pain, without cough. (Itching on the forehead and in the beard.) In afternoon, after ascending a hill for half an hour, severe spasmodic pain in the feet. At night, in bed, compressive pain, and a drawing spasm in the right ankle, continual, and extending over the whole foot, as if compressed in a vice, extending upwards to the calf; neither rubbing or steadying it against the footboard brought any relief, and after getting up he was unable to stand on the foot; continual rubbing and pressing it firmly to the ground made it gradually disappear. Returning to bed, pain in left leg, and cramps in calf for half an hour. Tired, dreamy sleep. Mornings, dry mouth and fauces. Thirst. Weariness.

22d. Pressure and burning in the middle of the chest; expectorates, with hawking, thin, thready mucus and small, gelatinous granules of a salty taste. Vertigo, dullness of head; good appetite; no pains in extremities; cold hands; sometimes a feeling of emptiness in the stomach.

The next days no more symptoms.

SURGICAL DIAGNOSIS.

BY BUSHROD W. JAMES, M.D.

Tumors—Abdominal Region.

“A TUMOR! Is it a tumor, doctor?” is the anxious inquiry that the invalid puts to his diagnostician when an unusual swelling occurs in any part of the body; and it is an every-day question, too, in the ears of the surgeon. To distinguish tumors from hernias, enlarged glands, abscesses, carbuncles, &c., will be the aim of this paper in the first place.

Superficial.—The growths that occur in the parietes of the abdomen, when in the umbilical or inguinal regions, are frequently a source of some difficulty in diagnosis to

the practitioner who has not made surgery a special study. Fatty growths, as well as cystic tumors, sometimes form in the localities where hernias appear, and from the patient's attention not having been attracted to their gradual formation, they sometimes assume the size of a walnut or small egg before they are discovered, and then an alarm is the result on the part of the patient, who summons the physician, and announces that the tumor has come suddenly. This creates the idea in the mind of the medical man that he has a case of strangulated hernia, and his inability to reduce it by taxis more fully confirms him in his hasty decision. To distinguish a fatty formation in the umbilical region from a hernia composed largely of omentum, is not always so easy.

1st. There is no pain in adipose sarcoma, while in a hernia there is more or less sensitiveness to movement, and when you grasp it and make traction, a dragging sensation is felt by the patient, extending through the abdomen towards the back. This does not occur either in sarcomatous or cystic enlargements located in the abdominal walls. In all these, however, the skin is movable over the tumid portion, and in this respect they differ from a large abscess or carbuncle, where the swelling comes up directly against the skin and involves it, as well as the underlying tissues, so that it feels as if it was also part of the growth, while more or less redness of the skin is noticeable. Tenderness also occurs, but it is of a different character entirely from the sensitiveness of a hernia; the part feels sore, and the patient dreads your touching it, even with the finger; but in a hernia you can grasp the skin firmly without pain, but as soon as you *draw* a little upon the swelled part the soreness commences, or when you grasp it firmly by the motion you make when compressing a rubber ball.

2d. The feeling of a lobulated adipose growth under the grasp is quite analogous to that of a strangulated umbilical hernia. The difference can by practice be detected,

however. The former feels loose, and as if it had no pedicle by which it is held ; whereas the hernia can be moved about quite freely under the skin, but in so moving it you experience the sensation as if at one point it is bound securely to the parietes, and on passing the finger around this attached or strangulated portion you can almost invariably circumscribe it. The hernia usually, if of any size, has a more spongy, elastic feel than the fatty tumor. If it be small and presents a hard lump, and has really appeared suddenly, and you find the deep, dragging pain on traction, and you can circumscribe the strangulated pedicle of the hernia, your diagnosis of a hernial protrusion is easy.

3d. Should you be satisfied that it is not a hernia, and the doubt is between an encysted and an adipose growth, the exploring needle run deeply into it will speedily determine whether or not it is a cyst containing fluid, or otherwise, for here the point of the needle can be moved freely around, and some fluid escapes on withdrawal ; but if you have not decided fully concerning its hernial character, it is not prudent to insert the needle, for should this be a hernia, it does not always fully decide for you between it and an adipose formation, while the point of puncture may also involve the intestine, which would be likely to ulcerate through at that point subsequent to its return within the abdomen. If an umbilical hernia is irreducible by the various modes of ordinary reduction, you will have to operate to relieve the strangulation anyhow, and should you find, after incision, that you have erred in diagnosis, and you have a fatty tumor, it must come away, and you are safe in operating in either instance. Enlarged bursæ do not occur in the abdominal region to confuse the diagnosis ; although, from the lodgement of a musket-ball, or other foreign body, in the subcutaneous tissues, the part involved may become encysted, or an artificial sac formed, in which a viscous or gelatinous fluid may also be found surrounding the foreign substance.

They assume the diagnostic signs usually of ordinary cysts. Artificial bursæ have been found, however, at the great sciatic notch, looking like an encysted tumor protruding from the pelvis, but they are rare. Then, again, we find blood cysts forming in almost every part of the body, and occasionally here; but all these may be diagnosed by the use of the exploring needle. When a bruise in this region has produced an encysted collection of blood, you will soon discover its character by the red, dark, or ecchymosed color of the skin, and by its assuming soon the appearance of an abscess; as these tumefactions, if they are not resolved and absorbed, soon take on this form. Sebaceous tumors form on almost any part of the skin, are usually globular in shape, and can be felt as a movable kernel connected with the skin or the subjacent tissue, and can hardly in any instance be mistaken. Then there are tubercular deposits noticed in various parts of the body, but more particularly in the lymphatic ganglions; these are quite as easily known as the sebaceous swellings, and will in time most probably assume the character of an abscess, break, and disappear, if superficial.

But, one great concern of the individual affected with any growth is, to know if it be of a malignant character. Having decided that it is not a hernia, fatty, or encysted growth, and finding a hard mass which you cannot otherwise classify, you will know that it is not osseous by its not being in the neighborhood of any of the osseous structures, and not having a stony hardness. That it may be a cartilaginous or an ordinary fibrous tumor, or a scirrhus, is probable, and the previous history of the case and its location will assist in determining. The cartilaginous forms are but rarely if ever met with in the abdominal parietes, but they may be found in the region of the pelvic bones and elsewhere. The scirrhus is a fibrous form of growth, and results in a malignant tumor, being generally but the incipient stage of carcinoma. You must

not mistake it for the ordinary inflammatory induration of the tissues. This can be known by the fact that the latter is rapid in making its appearance, and presents a regular circumscribed outline and surface, whereas scirrhus is very slow in its progress and has an irregular surface. If, in addition, lancinating or violent shooting pains dart through the hardened mass occasionally, but not constantly and steadily, your opinion is more fully confirmed as to its scirrhus nature. If it should become necessary to incise it, which is rarely the case, however, for diagnostic purposes, you will definitely distinguish it by the bluish or grayish-white, bloodless color of the scirrhus, and the red, bloody character of the inflammatory induration.

An injury may be received over a scirrhus enlargement, and an inflammatory induration result over and around it, complicating the diagnosis; but here you must wait until the inflammatory condition has entirely passed away before deciding upon the nature of the case. It is always prudent not to give a hasty, definite opinion in any such case, and never in complicated ones while doubts have not been removed.

In the malignant form of tumors, the constitution of the patient soon becomes more or less involved, and sympathetic enlargement of the neighboring lymphatics appear, with variable pains, and derangements of the stomach, heart, liver, &c., whereas in the benign form the symptoms are almost invariably local, unless some sensitive tissue or neighboring nerve or bloodvessel becomes pressed upon by the enlargement, and uncomfortable feelings arise from that cause. The general rule is, that in the early stage of almost all abnormal enlarging masses no pains or but very slight uncomfortable sensations result, and in the benign this state continues, while in the malignant forms pain and distress increases as the growths develop in volume.

Tumors are sometimes confounded with glandular

swellings, and this is not unusually the case in scrofulous subjects, and especially in the inguinal and femoral regions.

Sympathetic swellings of the glands in the groin, the result of large ulcers or inflammation about the lower extremities, are not so hard of diagnosis as the true bubo, for in the latter case but one local gland swells and inflames, while in the first-mentioned two or more, or a whole chain of them, usually become involved, and this alone serves to show that we have neither a tumor nor a hernia to contend with.

Buboes not unfrequently bewilder the timid practitioner when they produce a large amount of swelling of the inguinal region, and when the full history of the case cannot be elicited from the patient, and treatment has been avoided until the extensive inflammation compels the sufferer to seek medical advice. The sense of touch and the general appearance of the swelling will enable one to distinguish them apart. The bubo does not have the doughy, elastic feel, under the skin, that a hernia has, while the general tenderness of the skin in inflamed buboes serves to distinguish them, as well as the absence of the dragging sensation which is present in the rupture.

Occasionally, although rarely, a case is met with where there is nausea and vomiting, constipation and pain in the inguinal region, with swelling which cannot be reduced, and all the evidences are noticed of an inguinal hernia, and yet when the operator cuts down upon the part he finds nothing but an indurated gland. Now, is such an exploratory operation justifiable? We answer most assuredly, always; for if it prove to be a strangulated hernia, and all other modes of reduction fail, it is better to cut down fifty times in mistake upon an indurated gland than omit to relieve one case of strangulated hernia, where death would otherwise be the inevitable result. No matter how small the swelling, if the symptoms of hernial constriction are present and cannot be

removed, a surgical operation for its relief is a compulsory measure on the part of the surgeon. It is not the recent cases, where a sudden rupture and protrusion is at once noticeable to the patient, that difficulty of diagnosis occurs, for these are as easily distinguished as daylight; but when a small portion of the intestine is caught and compressed in the abdominal walls themselves, without producing any, or but the very slightest, fulness to the eye at the seat of injury. Here the delicate touch of the careful and discriminating surgeon must decide, in conjunction with the symptoms present.

But what are the diagnostic evidences of hernia?

1st. A swelling at or near the femoral, inguinal, or umbilical openings.

2d. The part will feel uncomfortable to the patient, with a sensation of tension.

3d. A drawing pain running from the swelling up and back into the abdominal cavity toward the spinal column.

4th. If the small intestine is strangulated vomiting comes on soon; if the large intestines, or only omentum, nausea continues for some time usually before the vomiting sets in.

5th. Constipation is the last and least important diagnostic sign, for it will result undoubtedly; but if there be feces below the point of strangulation, they may pass off and mislead, if this sign be made an unerring one. In most cases the patient will be able to refer to a specific moment when he noticed pain, or swelling, or tension, which information of course has great weight in diagnosis.

The distinguishing features of the deep-seated tumors will occupy our attention in a future paper.

PUERPERAL CONVULSIONS.

EDITOR OF HAHNEMANNIAN MONTHLY: With your leave I will briefly notice the case of Puerperal Convulsions, on page 495 (Case 6), sixth volume of your Journal.

Wherein did the author expect to instruct your readers by its publication? What point in its management would be of benefit to another in a similar case?

To protest against its being considered, by outsiders, the *homœopathic* plan to be pursued in such cases, determines the production of this note.

After the failure of the indicated medicines (I don't think they were given in this case) to relieve the symptoms, was not the paramount indication *speedy delivery*? The futile effort to effect this by drenching the patient with an uncertain preparation of an uncertain drug was, to speak mildly, unscientific, and did not in the least stay the progress of the disease to the culmination, death.

It seems this doctor is wont to wait in such emergencies until the womb is sufficiently dilated by its spontaneous power to admit the forceps, or he attempts to produce such a condition by his vague "Ex. Ergot;" when these fail him the result is apt to be as in the case under consideration. From his reporting this case, one would suppose he really thinks he discharged the duties of a physician creditably in it.

If he was not in possession of the reliable scientific means for the induction of labor, he should have turned the case over to competent hands.

J. W. ROUTH.

DECATUR, ILL., 1st June, 1871.

Reply.

MR. EDITOR: The case referred to above, was reported with five others in an article read before the Chester County Medical Society. In that article I stated, "It is not my object to enlighten the members of this Society

on the subject of puerperal convulsions, but to draw out the views and experience of others on the subject of its treatment." As this part was left out in the publication of that report, it is due to your readers as well as myself that it should be stated here.

Now, Sir, I hold that honest, dignified criticism, is no infraction of professional courtesy; on the contrary, I believe it is often productive of most salutary results; but when written in the spirit of the above article, it shows its author to be not only disingenuous but very ungentlemanly.

He first asserts that the remedies prescribed were not indicated in the case under consideration. Now, as the symptoms were not sufficiently described to enable "outsiders" to judge correctly in this matter, it would "instruct your readers," no doubt, to know by what means he arrives at this conclusion, although it would not materially change the facts in the case.

"After the failure of the indicated medicines," he gravely asks, "was not the paramount indication *speedy delivery*?" and adds that the futile effort to effect this by drenching the patient with Ex. Ergot was unscientific.

As there are many plans in vogue for the promotion of "speedy delivery," no one of which is reliable in a case like this, I may be pardoned, I hope, for using one of the methods adopted by a large number of my professional brethren, although it may not be considered exactly "scientific" by this amiable critic. But scientific or otherwise, the results will not compare unfavorably with a like number of cases recorded by other members of our profession.

Now, wherein does my critic "expect to instruct your readers," by the condemnation of others, while he withholds the "reliable scientific means" which he would have us believe he possesses? If he has invented a new device, or is in possession of the "reliable scientific means for the induction of labor," why in the name of heaven don't he

let us have it, and "discharge his duties as a physician creditably." Almost any one would be willing to pay even a royalty on a "reliable, scientific, speedy delivery" machine.

Respectfully yours,

I. D. JOHNSON.

NOTE.—Dr. Johnson's "cases" were not printed from his manuscript, but from a copy furnished by the Secretary of the Society, who doubtless thought that the introductory remarks might be omitted. We are most decidedly in favor of the sharpest criticisms on papers published in this Journal, but *criticism* should never be abusive.—EDITOR H. M.

CASES OF CANCER TREATED WITH CUNDURANGO.

BY D. W. BLISS, M.D.

My attention was first attracted to this remarkable agent during a professional attendance upon Mr. Flores, the minister from Ecuador, through whom his government had conveyed to our Secretary of State a portion of the shrub, together with printed statements of its successful employment by eminent South American physicians. . . . Fortunately, several cases of unequivocal carcinoma were then under treatment. Accustomed to the remorseless ravages of a malady for which even the surgeon's knife afforded no adequate relief, I approached the experiment not without misgivings of success, but with the fixed purpose to render the test as complete as the limited supply of the plant in my possession would allow.

Mrs. Matthews, the mother of Hon. Schuyler Colfax, had been the victim of mammary cancer for a long period, which had already assumed secondary and constitutional symptoms in a marked degree. On the 29th of April last, I placed her on the decoction of cundurango, and had the gratification of observing an early and decided change for the better, in both the local and general conditions. One of its almost immediate effects was the relief of pain, and a free diaphoresis, characterized by an odor distinctly observable of the infusion itself. Upon

the return of Mrs. Matthews to her place of residence in Indiana, I still continued to direct her treatment, and furnished the requisite supplies of the medicine.

On the 9th of May, just thirteen days after the commencement of the new remedy, her husband addressed me a letter, from which I make the following extracts:

"The stony condition of the tumor has given place to softness. This morning I notice about one-third of the surface has turned from a scarlet to a white color, and it has commenced suppurating as though the thing were dead and coming out. The whole tumor is very much flattened, the discharge is different and not near so offensive. The greatest improvement is in her complexion. From a *tallowy*, puffy-looking, and somewhat bluish skin, she is regaining her old natural look, the skin shrinking, becoming wrinkled and clear.

"I am so happy in the prospect of a cure that I feel like a new man, as though a ton of lead had been lifted from my heart. Is it not a little singular, it has not had any perceptible effect on her nervous system? Her digestion is good, and she begins to feel that she will get well."

On the 14th of the same month Mr. Matthews writes as follows:

"This is the seventeenth day since I commenced the use of cundurango; shall cease for a few days, and note carefully the effect. When I began the treatment, Mrs. Matthews' breast was almost as hard as a stone, about four inches in diameter, the cancer itself two inches in diameter, with raised edges, hard and scarlet-colored, bleeding profusely at the slightest touch, emitting an odor of the most sickening and disagreeable kind, discharging a brownish, cancerous, limpid fluid; the countenance bloated, tallowy-looking, with a bluish pallor of the whole face; the lips turned blue at the least exertion, so that I have been very much alarmed, fearing a rapid crisis and dissolution; at the same time the tumor itself enlarged with fearful rapidity, so much so that I could notice the growth from day to day.

"Now all is changed—the countenance has resumed its old, familiar look; she moves about with great sprightliness, the blue of the lips no longer indicating fatigue or effort. The granular swelling under the chin is gone; strength increasing; the tumor itself much flattened and

decreased in protuberance; the color changed to a white, maturing sore; the limpid cancerous discharge ceased, and in its place a healthy discharge of white matter much less offensive; the hardened glands are soft to the touch, the whole symptoms indicating most plainly to me that the treatment has, so far, neutralized the poison of the blood, and that another short campaign with cundurango will insure a complete cure."

On the 2d of the present month I visited Mrs. Matthews, at South Bend, and was indeed astonished at the rapid change which has taken place. The tumor had become soft, the color natural, the secondary glandular deposits had all disappeared. The improved complexion, muscular firmness, and elasticity of spirits, all pointed to an early and complete recovery.

Mrs. Handy, residing on M Street, in this city, was the next subject of experiment with the cundurango. This was a highly typical and fearfully-advanced case of cancer uteri. The grayish color, unequal, irregular elevations of the ulcer edges, the sympathetic disturbance of the bladder, the paroxysms of intense pain, together with the hot, dry, shrivelled, yellow surface, the wasted muscles, sunken eyes, the small, quick, wiry pulse, revealed one of those sad cases, where all hope of remedy fails.

The cundurango, in the form of decoction, was administered first to Mrs. Handy on the 31st day of last month. A regular record has been kept from day to day, describing the least change of symptoms, but I have not the space to introduce it here. Suffice it that even in this extreme case the beneficial effects of this wonderful remedial agent have been most apparent. The pain has steadily declined, the diseased parts are less tumefied and sensitive, and the discharge is very slightly offensive. The cachectic appearance of this patient has much improved, and she expresses herself as feeling altogether better.

A lady of the family of Hon. Mr. Gorham, Secretary of the United States Senate, has had mammary cancer of several months' duration, and her condition was pronounced hopeless by leading Northern surgeons. I was called to see her on the 1st of June, of this year, and found cancer of the breast, with secondary deposits in the shoulder and humeral portion of the left arm, attended by extreme rigidity of the neck, and almost complete immobility of the affected limb.

A careful daily record has been preserved of this case, also, by which the most decided improvement is indicated. The mammary tumor has grown softer, and the line of skin attachment bisecting the nipple is much less marked. The head, before stiff, is now perfectly free and movable, while the natural mobility of the disabled arm is restored, and the tissues, before hard, are now soft and natural. The general condition progresses favorably *pari passu* with the local improvement.

To both of these last-mentioned cases I have invited my experienced professional friend, Dr. C. C. Cox, and the history of the treatment and its results have been carefully observed by that eminent physician. It may be proper to state that letters have been pouring in upon me from persons at a distance, suffering from cancer, who have had the opportunity to use but a very small portion of the remedy, and yet who report marvellous improvement in all the symptoms. . . .

Physical Description of Cundurango.

Stem woody, shrubby, and covered with a greenish or ash-gray bark, the former tint being due to a coating of lichens on the surface. The branches are from half an inch to little more than an inch in diameter, the average being about the thickness of the finger. The woody fibre is straw-colored and brittle, breaking with a sharp fracture; it is almost tasteless, slightly aromatic, and bitter. *Bark.*—This contains whatever medicinal virtues are in the plant. It is of a gray color, slightly ribbed or fluted longitudinally from corrugation, the result of drying; it increases in thickness in the ratio of increase of the stem—in the thicker branches constituting more than half the weight of the whole, in the thinner somewhat less than half; readily separable from the stem by pounding or bruising, when it comes off in clean, longitudinal pieces; brittle in the transverse fracture, having a warm, camphory, aromatic, and bitter taste, resembling the cascarilla of the older collections. Under the lens it is readily resolved into three layers: 1. The inner layer or cambium of reticular woody tissues, having granules of starch, and particles of resin imbedded. 2. A middle layer of woody fibre and dotted ducts, with resinous particles also in this layer. 3. The cuticular or outer layer of bark-cells, of a brown color, and containing tannic acid and coloring matters.—*New York Medical Journal, July.*

EDITORIAL NOTES.

VOLUME SEVENTH.—With this number the Seventh Volume of the *Hahnemannian Monthly* is commenced, under the most favorable auspices. That the efforts of editor and publishers to produce a useful magazine are appreciated, the best and most conclusive evidence is furnished; and we desire to return thanks to those who have, by their valued contributions, enabled us to carry out our wishes so successfully. For *Volume Seventh* we can promise our readers even more of valuable and interesting material than *Volume Sixth* contained. Prof. Guernsey's "Key-Notes" will appear regularly; the *Surgical Department* will be maintained by one of our most excellent practical surgeons, and every effort will be made to present such a combination of useful matter in each monthly part as will satisfy the most exacting of our subscribers. The pledges made in the prospectus on the second page of the cover, shall be hereafter as heretofore *most faithfully fulfilled*.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY.

DR. HAWLEY'S OFFICE, SYRACUSE, N. Y.

June 15th, 1871.

THE Society met as above, the President, Dr. Sumner, being in the chair. Present: Drs. Sumner, Spooner, Wells, Boyce, Mera, Brewster, Schenck, Benson, Hawley, Stowe, Clary, F. and J. G. Bigelow, Frye, Southwick, Loomis, Dada, and Miller.

The reports of Secretary and Treasurer were read and approved. To defray the expenses of the Society, an assessment of one dollar upon each member was levied, which was paid as follows: Boyce, Mera, Miller, Sumner, Stow, Schenck, Frye, Clary, Loomis, Spooner, Dada, Benson, J. G. Bigelow, Hawley and Seward.

The chair appointed Drs. Clary, Boyce and Schenck, Committee on Credentials.

Reports on medical subjects being next in order, Dr. Miller read an article on Hygienic Ventilation, recommending the Ruttan system as the best. The matter elicited general discussion.

Dr. Clary suspected that Dr. Miller's statements were derived more from theory than practice, and that he had drawn somewhat upon his imagination. The speaker had tried many things for ventilation, but at last had gone back to fireplaces, grates and furnaces; did not believe there was any means of ventilation equal to that of the fireplace. In regard to schools, he did not believe half he heard about children suffering from lack of ventilation; and they did not study half so hard as formerly. In public halls he thought people suffered more from cold than from impure air. He had never observed any hospital odor in the Home

or High School buildings. He said the subject of ventilation was very simple, and that in the best houses, the means were generally good. He stated that in a \$25,000 house, the cost of efficient means of ventilation would not exceed \$25.

Dr. Miller stated that he had for several years given attention to ventilation, and that he spoke not from theory. He had often observed the successful working of the Ruttan plan. This office was ventilated on that plan, and though well filled to-day, and without fire, the doors and windows being closed, all observed how fresh and pure the air was. He had several years since recommended this plan to two friends, who adopted it and were delighted with the result. Dr. Clary's new house was warmed and ventilated substantially on the same plan, he using low grates and chimneys instead of a register. Dr. Clary's olfactories must be defective, for Dr. Miller had repeatedly noticed the odor of bad ventilation as stated in his paper, and had conversed with the matron of the Home about it.

Dr. Hawley said this subject was not practically understood by the people. They did not realize that when a room is full of air, you cannot easily fill it any fuller without using some condensing apparatus. If you wish to admit warm air, you must provide a way of escape for cold and bad air. The subject was simple, if you consider that heated air rises to the top of a room, which must be filled from the top down. The High School, and other school-houses, could not be well ventilated without opening doors and windows, admitting cold air and thus chilling the scholars.

Dr. Boyce wanted some theory in regard to radiating stoves.

Dr. Hawley said good ventilation could not be obtained with ordinary radiating stoves; large chimneys were required. The Ruttan plan was the best.

Adjourned to 2 P.M.

AFTERNOON SESSION.

Dr. Spooner reported a very interesting case of poisoning by a man who undertook to commit suicide. He took at one full dose six grains of Morphine and two ounces of Laudanum in a little milk. The patient was found comatose, with slow stertorous breathing. As the subject had freely indulged in alcoholic stimulants previously, the doctor gave Nux vom., 3d decimal. After a few doses, the patient was restored to consciousness, and, utterly refusing to take any more medicine, soon relapsed into coma as before. While in this state, the medicine was again administered, for a while with the same result as at first, followed by obstinate refusal to medicate, then coma, and so on three times in succession. The third time proved a cure, which was effected in twenty-four hours from commencement of treatment. There was no vomiting nor purging in the case.

Dr. Mera, reported a case of Fistula in ano, cured by three doses of

Ars. 5^c. This was a case of ten years' standing, for which an Allopathic physician had decided that the knife was the only remedy. Symptoms great despondency, fearing that there was no remedy for his case; chills running up and down the back, relief from external heat, and a large purple swelling on the right gluteal muscle. Great aggravation of pain after third dose of medicine, followed by a speedy cure.

Dr. Stow, reported the following cases.

CASE 1.—Intermittent fever, cured by Ignat. 5^c, two prescriptions, after the thirtieth had failed. Indications: Chill at 8½ A.M., with great thirst, and desire for the heat of the stove, which relieved her.

CASE 2.—Babe. Intermittent fever, two weeks, during which time quinine was administered allopathically to no purpose. Cure by Ignat. 5^c. Indications: At 9 P.M., shaking chill, followed by heat and no sweat; during chill, great thirst and desire to be warmly wrapped up, nestling close to the mother's breast.

CASE 3.—Intermittent fever. Child, cured by Chin.⁶; two prescriptions. Indications: Pale face and lips; yellow albuginea; tongue coated a dirty white or yellow; poor appetite; complains of being tired; chill every other morning at 8 or 9 o'clock, lasting an hour; then fever with *thirst*, headache, giddiness, and so on for two hours; lastly, slight sweat, and thirst after sweat. After chill and before the heat, vomiting of bile.

CASE 4.—Young lady, aged 23. Has had Metrorrhagia two weeks; profuse, bright, red blood; without pain; anæmic; pale face and lips; great debility; much thirst. Chin. 5^c, two prescriptions; cure.

CASE 5.—Mrs. F., age 44, for years has had Psoriasis Inveterata. Symptoms: Dry, scaly eruption on the dorsum of both hands; intense itching when warm; after scratching, relief followed by burning, and at times bleeding; knuckles crack; feet burn at night; has to put them in a cool place. Cured by Sulph. 55^m, one dose.

Dr. Miller reported a case of Deafness of over twenty years' standing, cured by Sulphur. Symptoms: A lady 49 years old, dark hair, eyes, and complexion, has been profoundly deaf in right ear twenty years, and in left ear for five years. She hears no conversation except upon a high key, and that only when very near; has secluded herself from society on this account. Within twenty years has not heard a clock tick; complains of a sensation of heavy pressure at the vertex, and constant heat there, with soreness of the brain. This pressure and soreness extend down to both ears. Her deafness appears to be hereditary, as her father, brother, and son, have always been very deaf. Once only, for a short time, could she distinctly hear sounds. That was two or three years ago, when sounds seemed to proceed from a direction opposite to their real source. She has burning heat of the soles at night; hot flushes on the face followed by cold sweat; constipation, and sudden hunger and faintness at 10 or 11 A.M. January 26th, 1871: R. S. 5^c, four powders, one every other day. February 8th: But little improvement. Sometimes she thinks her hearing is better. R. Sulph. 6^m, one powder,

with immediate relief from the sensation of soreness and pressure at vertex, and complete restoration of hearing in left ear. Can understand ordinary conversation quite well. The hearing in right ear was gradually restored, and now it is perfect. Drs. Hawley and J. G. Bigelow state that they saw and examined the case in May last, and were satisfied that her hearing was as good as their own, if not better. They confessed that they had some doubts and misgivings about the case, but they were entirely removed by this interview. Since last February the patient has uninterruptedly had good hearing, save when suffering from the effects of a severe cold; then, for a time, it was somewhat impaired. Dr. Miller also reported another similar case of deafness in one ear, with same general sulphur symptoms, cured by Sulph.

Dr. Spooner reported a case of Purulent Ophthalmia, without giving indications. Cured by Acon. and Sulph.

Dr. Stow reported a case of severe Headache, aggravated by the least motion. Cured by Bry. 5^z one dose.

Dr. Hawley mentioned a case of Intermittent Fever, characterized by chills on one side of the body. Cured by Spig. 5^c.

Dr. Miller read a paper on "Stimulants and their use as a Medical Hobby." Discussed by Drs. Boyce, Hawley, Stow, Wells, Clary, and J. G. Bigelow.

Dr. Hawley could mention but one case where stimulants had, in his practice, seemed beneficial. He had not for some years resorted to stimulants. If used at all, they should be used homœopathically and not empirically. He would prefer not to use them at all rather than have his patients die drunkards. If alcohol be used at all, it should be used according to its provings.

Dr. J. G. Bigelow tabooed stimulants. He could scarcely mention a case where they had ever done any good.

Dr. Clary had used them to some extent, but not as a rule, because he was afraid of the danger of making inebriates. He had seen men in this city die of delirium tremens, who had previously taken alcohol for incipient consumption, thus creating an appetite for stimulants.

Dr. Wells strongly opposed the medical use of alcoholic stimulants, citing some striking incidents in his practice. He claimed that their tendency was to intemperance, and that there was a moral responsibility resting upon physicians in regard to their use which they could not evade. He stated that where, in cases of sudden prostration, some stimulant was needed, Camphor in his hands had acted like a charm, with no bad effects. Dose same as any other medicine.

Dr. Stow offered the following preamble and resolutions, which were unanimously adopted:

Whereas, Alcoholic stimulation is a great and crying evil, and is causing more crime and pauperism than any and all other habits, and

Whereas, The common medical practice of administering or advising alcoholic spirits has been and is notoriously customary, and is without

doubt productive of much intemperance, is a great stumbling-block in the way of the weak, and is a subterfuge for thousands, therefore

Resolved, By this Society, that the empirical use of all alcoholic spirits is unscientific and disastrous in the extreme, and when used they must be used in accordance with homœopathic principles.

Dr. Wells stated that this Society was specially invited to meet the State Society at Richfield Springs on the 10th of August.

The Society then proceeded to the election of officers, with the following result: *President*, Dr. S. Spooner, of Oneida; *Vice-President*, Dr. L. B. Wells, of Utica; *Secretary and Treasurer*, Dr. H. V. Miller, of Syracuse.

Adjourned to meet at same place, September 21st, 1871.

WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY WALLACE McGEORGE, M.D., SECRETARY.

THE Society met at the West Jersey Hotel, Camden, on Wednesday, May 17th, at 11 A.M.; President, R. M. Wilkinson, M.D., occupying the chair.

In absence of the Secretary, Wallace McGeorge, M.D., was elected Secretary *pro tem*.

Upon calling the roll, Drs. Wilkinson, Allen, Austin, D. R. Gardiner, D. E. Gardiner, Kirkpatrick, Ward, Hunt, Streets, and McGeorge were found to be present.

Pusey Wilson, M.D., of Moorestown, was proposed for membership; reported favorably by Board of Censors, and unanimously elected a member.

A communication from R. J. McClatchey, M.D., was read, asking for the copy of the proceedings for publication, whereupon the Secretary was requested to forward the proceedings for publication to the Editor of the *Hahnemannian Monthly*.

The Secretary's and Treasurer's reports were read and accepted, showing the Society to be in a flourishing condition.

The election for officers resulted in the choice of the following:

Walter Ward, M.D., Mount Holly, *President*; D. E. Gardiner, M.D., Bordentown, *Vice-President*; Wallace McGeorge, M.D., Woodbury, *Secretary*; Jacob G. Streets, M.D., Bridgeton, *Treasurer*; Daniel R. Gardiner, M.D., H. F. Hunt, M.D., S. E. Allen, M.D., *Censors*.

The President elect appointed the different Bureaus for the ensuing year.

Bureau of Obstetrics.—Drs. H. F. Hunt, J. G. Streets, A. Kirkpatrick. *Bureau of Practice*.—Drs. D. R. Gardiner, R. M. Wilkinson, S.

E. Allen. *Bureau of Surgery*.—Drs. J. H. Austin, R. Gardiner, Jr., D. E. Gardiner. *Bureau of Materia Medica*.—Drs. Wallace McGeorge, Pusey Wilson, E. R. Tuller

D. R. Gardiner, M.D., was chosen delegate to represent the Society in the American Institute of Homœopathy, which met in Philadelphia in June, and Walter Ward, M.D., was elected alternate.

Dr. Hunt, Chairman of Bureau of Practice, read a paper on Gonorrhœa, its course and treatment. (See p. 18.)

On motion, Dr. Hunt was given a vote of thanks, and the paper received.

Dr. Austin has used sulphate of hydrastin in injections, with good results, at the same time using hydrastin internally.

Dr. D. E. Gardiner asked whether gonorrhœa could be taken from a woman suffering with leucorrhœa.

Dr. Ward thought not. Had such a case very recently, and treated it the same as he would gonorrhœa, and successfully.

Dr. Kirkpatrick did not believe gonorrhœa could be contracted from leucorrhœa. Had cured a number of cases of gonorrhœa with injections of sulphate of hydrastin, and hydrastin 6th.

Dr. D. R. Gardiner had had many cases where the male had caught a disease from the female of a very violent character, but did not call it gonorrhœa. The inflammation from leucorrhœa is more quickly cured than that from gonorrhœa. Uses, and has found very serviceable, injections of permanganate of potassa, but never uses it until after the inflammatory stage has passed, and not then until he has tried all homœopathic remedies. Thinks *diet* has a great deal to do with the duration of the disease. Forbids the use of animal food, and finds it lessens the time one-half.

Dr. Austin concurred with Dr. Gardiner about animal food being forbidden. Also opposes the use of stimulants.

Dr. Wilson thinks injections are injurious, and produce stricture.

Dr. Streets thinks strictures may result from too long duration of gonorrhœa, as much as from injections. Has used emulsions of balsam of copaiva successfully. Gives *Aconite* and *Cannabis* at first in most cases. In gonorrhœa of females, finds *Sepia* very useful. Thinks it is more a vaginitis than gonorrhœa.

Dr. Wilson thinks *Sepia* is just as useful in males, and an excellent remedy.

Dr. D. R. Gardiner finds *Sepia* invaluable. Always uses the high attenuations in treating this disease, and finds them better, and that he is more successful in speedily curing them than when he used the low potencies. He gave the following symptoms as characteristic:

Sepia. Useful in gleet, without burning when urinating; yellowish discharge. *Sulphur*. Whitish discharge; chronic cases. *Petroselinum*. Chronic cases of long standing; particularly suitable for old persons. *Graphites*. Gluey, sticky discharge at the meatus urinarius, which does

not drop out. *Cannabis sativa*. The urine is voided in a spray; the discharge is greenish-yellow. *Capsicum*. Whitish discharge, like cream, with very painful erections. *Mercurius*. Greenish puriform discharge; when complicated with syphilis, uses *Cinnabaris*, which has pinching, with great redness of the urethra.

Dr. Wilson corroborated the symptoms of *Cinnabaris*. He never yet has been under the necessity of using injections, but always has cured his patients, and permanently, too, with internal remedies. Thinks it is more the want of care which prevents the selection of the remedy, than lack of remedies. Aconite, Cannabis, Canth., and Mercurius are among his remedies.

Dr. Hunt believes injections to be homœopathic, on the ground that they will produce irritation in the healthy person.

Dr. Ward said: Having at our previous meeting, in conversation on this subject with different members, heard a member (Dr. McGeorge) say that he relied in the majority of cases on *Cannabis sativa*, and that he had never failed in curing a case with it when its characteristic symptoms were present, I determined to try this remedy in the next case I had. Fortunately, that very evening a negro barber applied to me for medical aid, under the following circumstances: He had been treated some six weeks for clap with turpentine, balsam, and other remedies, which stopped the discharge, but a sore throat, highly inflamed, set in, together with hot fever, pain in all his bones, with great stiffness of the muscles. I gave him *Bell.* and *Gels.* in drop doses of the tincture, which relieved him in twenty-four hours of all his troublesome symptoms, but brought on a full return of the discharge. I now gave him *Cann. sat.* O, drop doses, which in three weeks cured him completely. I was determined to use but the one remedy, in order to satisfy myself of the power of *Cannabis* to cure clap in its worst forms. Was this the true similar? If so, ought I to have been so long in accomplishing a cure?

(Dr. McGeorge uses the Cannabis in the 200th potency internally, and also the same potency in alcohol as a wash to bathe the glans with during the inflammatory stage, and has never had to use a lower preparation of the drug to effect a cure. He does not consider Cannabis a specific for gonorrhœa, but a specific where the characteristic symptoms of the drug and the disease correspond.)

Dr. Ward also mentioned a very severe case of gout pain in stomach, being a metastasis from the feet and legs, which was completely and most speedily cured by *Gelseminum*, in drop doses of the tincture, when brandy and morphia, in large doses, gave no relief whatever.

Dr. Hunt finds *Gelseminum* to be the remedy for an epidemic of measles, now prevailing in Camden, with the following train of symptoms: chilliness; watery discharge from nose; soreness of throat and chest; dry tickling cough; papular eruption on skin resembling measles.

On motion, the Society adjourned to meet at the West Jersey Hotel, Camden, Wednesday, August 16th, 1871, at 11 A.M.

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STIMULANTS AND NARCOTICS; THEIR POPULAR AND EMPIRICAL USE.

BY H. V. MILLER, M.D.

(Read before the Central N. Y. Hom. Med. Soc., June 15, 1871.)

STIMULANTS of some kind, and especially those alcoholic, have long been regarded as indispensable in Therapeutics, because they seem to strengthen in cases of debility, to cheer and enliven those laboring under mental depression, to promote healthy digestion, and to aid in safely passing many dangerous crises in disease.

Primary and Secondary Effects of Stimulants.

The primary effect of stimulants, such as opium, alcohol, and tobacco, is an apparent increase of strength or of nervous force, which is but transient, being necessarily soon followed by consequent reaction and continued exhaustion. They serve to irritate, and not to nourish. The system intuitively treats them as foreign substances and unwelcome intruders, and therefore collects her reserve forces to expel them. But every unusual and violent exhibition of nervous power is followed by corresponding exhaustion, until there is time and opportunity for recuperation. These irritants hence induce general debility, which is attended with a feeble and accelerated

pulse. Medical examiners may readily determine by the pulse when a subject, otherwise healthy, is under the influence of such poisonous substances. If the primary effect be a pleasing exaltation of the senses, intellect, and nervous system, a speedy reaction follows, characterized by stupor, dementia, and a sad depression of the vital energies.

Stimulants are so called from their immediate, primary, evanescent effects. They might, perhaps, with propriety, be termed irritants or debilitating substances.

A repetition of the dose palliates the suffering caused by the secondary effect of the stimulant. This palliation, being a primary effect of stimulation, may be continually reproduced, but it becomes more feeble and transient, until general exhaustion of the nervous system ensues. This accounts for the fact that the dose must gradually be increased. Sooner or later this appalling condition of general exhaustion must be reached, when the reluctant patient will be obliged to abstain from indulgence, until the vital energies have had opportunity to recuperate. It is said that when the votaries of *opium* are deprived of their usual stimulant, "their torments are as dreadful as their bliss was complete when taking it; and after long indulgence, they become subject to nervous pains, which opium can no longer alleviate." But when the Constantinople opium-eaters reach this pass, they resort to a more powerful irritant and poison, corrosive sublimate, which they add to their dose of opium, at first in small quantities, then, as the system becomes more tolerant, gradually increasing the quantity of this fearful poison to ten grains a day, which is the utmost limit of human endurance. This reckless expedient briefly restores the excitement and enjoyment, until grim death closes the scene.

When the nervous system is subjected to such constant high tension, the duration of life must necessarily be abbreviated. It is said that confirmed opium-eaters, especially when the habit begins early, seldom survive the

thirtieth year of their age. Other stimulants may affect longevity in a similar manner, though not always in an equal degree.

Many, who are fascinated by the attractive primary effects of stimulants, seem to be entirely oblivious of their fearful secondary results, which, though more or less remote, are certain to follow.

If a confirmed *tea-drinker* suffer from an attack of tea-headache, the pain may be temporarily mitigated by repeated doses of a strong decoction of the same drug. This is often a good test of the secondary effects of the beverage that is said to "cheer but not inebriate." And a similar test may be made of the secondary effects of any other stimulant.

The *tobacco-consumer* fancies that he must indulge in his favorite narcotic, after a meal, in order to stimulate his sluggish digestion. Blinded by the primary effects, he imagines that the drug is a positive benefit, not observing that the same drug secondarily produces risings, pyrosis, cramps in the stomach, and various marked symptoms of dyspepsia. When fasting, let him be never so hungry, this narcotic, similarly to coca of the Andes, will act like a charm to assuage the pangs of hunger, because loss of appetite is a primary symptom of tobacco. If, like coca, its primary symptoms be cheerfulness, merriment, and loquacity, its subsequent effects will be, on the contrary, melancholy, anguish, and taciturnity. Its secondary effect of great drowsiness, especially after a meal, is counteracted by a repetition of the dose, which primarily causes wakefulness. If nervous exhaustion, indicated by tremor of the limbs, be a secondary effect of various poisons, such as opium, alcohol, arsenic, and tobacco, this tremor may be relieved by repeated massive doses of the peccant poison.

Arsenic, as well as coca, enables one to climb great heights with comparative ease. It diminishes the amount of expired carbonic acid gas, and does not, like alcohol,

consume the oxygen of the arterial blood by combustion. Hence, less oxygen is required in respiration, and the prover can breathe better when ascending an eminence. But the resulting secondary effect of this drug is great dyspnoea. *Embonpoint* is another primary effect of arsenic, because the fat of food, or carbon, is not consumed to produce carbonic acid gas, and it goes to increase the adipose tissue. But its secondary effect is great emaciation and general atrophy.

In a case of mania-a-potu, an extreme secondary effect of *alcohol*, the frightful delirium may be alleviated, more or less, by repeated doses of that poison. Alcohol primarily stimulates an appetite; but, secondarily, alcohol, tea and coffee, and probably all stimulants and narcotics, in a greater or less degree, retard the natural and healthy elimination, through the lungs and kidneys, of waste matters from the system. There being less waste, less food will be required to supply that waste, and sooner or later the appetite must be greatly impaired. This subsequent effect must counteract the laws of health, and seriously interfere with the digestive functions. The hypothesis that "alcohol promotes good digestion," is an example of the perpetually recurring fallacy of generic treatment, which, in the examination of a patient, ignores the importance of individualization; whereas, each case of dyspepsia requires specific treatment, according to the totality of the symptoms, the same as any other disease. The use of alcohol, both as a beverage and as a medical expedient, is dependent upon its illusory, primary functional irritation or excitement, and is entirely regardless of its startling secondary, organic, and revolutionary effects. But these organic changes occur just as certainly when alcohol is taken in small quantities, frequently repeated, as when the dose is large.

Synopsis of Dr. Gregg's Argument on "The Physical Effects of Alcohol."

1. It produces "a shrinkage of the muscular and other tissues, and also of the blood-corpuscles," thus directly diminishing the nutritive capacity of the latter vital organs.

2. "It prevents the coagulation of fibrin," which is an essential prerequisite to nutrition. "Those who drink largely of spirituous liquors, have low nutritive powers, and wounds and ulcers of such subjects are slow to heal."

3. "It interrupts the natural processes of waste and repair, by arresting the proper oxidation of the tissues. It produces heat by combustion of the oxygen of the arterial blood, thus rendering it of a dark, venous character, and robbing it of its oxygen."

4. "The elimination of carbonic acid from the system is interrupted by diminishing the amount of this gas in the expired air." Hence, "this gas accumulates, causing prostration, both physical and mental," so characteristic of "advanced stages of intoxication." "The first product of the decay of all organized substances is carbonic acid. After the moderate use of spirituous drinks, the excretion of this gas is both absolutely and relatively diminished. This is equivalent to penning one up in a *close* room."

5. "It hardens the albumen of the brain and nervous system. It attacks no other portion of the human system so violently as this."

6. "It produces a metastasis of disease from a less vital to a more vital organ, which, having a greater present vitality, forces the disease into a dormant state. When the organ becomes sufficiently enfeebled," the disease will reappear with more virulence than before.

7. "When taken in moderate quantities, its effects are in proportion to the amount taken."

8. "All these objections apply to pure liquors."

9. "Alcohol is a product, not of vegetable growth, but

of decay, the principal products of which are two deadly poisons, alcohol and carbonic acid gas, in nearly equal proportions." Hence the fallacy of the statement that the former must be a useful beverage, being a gift of nature.

It is said that alcohol, as well as everything else, is right in its proper place. But it seems at least questionable whether it is just the right place to largely receive carbonic acid gas into the lungs, or alcohol into the stomach.

Prevalence of Inebriety in America.

It is said that two bewitching sirens, "occupying an ocean isle, with their melodious voices, so charmed those sailing by, that they forgot home and everything relating to it, and abode with these maidens until they perished from the impossibility of taking nourishment, and their bones lay whitening on the sand." So the siren-charms of stimulation tend to make of this mighty American people a nation of inebriates.

Inadequacy of Temperance Societies.

So long as an army of physicians, a hundred thousand strong, practically array themselves on the side of intemperance, by perpetually fostering the appetite for alcoholic and other stimulants, from the cradle to the grave, the feeble, repressive efforts of temperance societies in opposition to this gigantic evil can be of but little avail. Too many medical gentlemen seem disposed, for the sake of winning popularity and filthy lucre, to cater to this vicious appetite, for which themselves are, in a measure, responsible. And since it is a very easy way to get along without having to exercise the intellectual faculties, they are too ready to jump at the conclusion that, because a patient feels weak from any cause, he therefore requires stimulation. The true physician must occupy a higher moral and intellectual plane. After carefully examining each

case of general debility, he will prescribe according to its characteristic symptoms.

Physicians are often consulted, especially by the fairer portion of creation, in regard to the propriety of stimulating for debility.

Consultation on the Expediency of such Practice.

A lady recently consulted her physician on the propriety of her resorting to such popular expedients. She complained of feeling weak and bad generally, and worse, of course, on account of the spring weather.

As most of people adopt the stimulant hobby, and think they must "liquor up" in the spring and whenever they feel weak and "out of sorts," her husband very plausibly suggested that she should also try the renovating effects of ale, or some other "good stimulant."

Doctor. There is always a specific cause of debility, whether or not that cause be recognized. After ascertaining the cause in your case, perhaps we can better judge whether liquor can remove that cause.

I find your liver is in a torpid state. This necessarily impairs digestion, interrupts assimilation, and hence causes debility. Do you think stimulants will restore the liver to healthy action?

Patient. By no means.

Doctor. Do you have also a prostrating, dysenteric diarrhoea? This occasions a rapid waste of the albumen of the blood. The result of this loss is a corresponding relative superfluity of the remaining constituents of the blood. Hence the equilibrium of that vital current is destroyed. While this state of things continues, it is impossible for you to be strong and vigorous. Do you suppose that liquor will remedy this complaint?

Patient. Certainly not.

Doctor. You are also anæmic, your blood being deficient in red globules. This disturbance in the relative, healthy proportion of the constituents of the blood, may have been

caused by your frequent attacks of diarrhœa. Do you think liquor will be apt to nourish and enrich the blood, restoring its healthy equilibrium, or will it not tend rather to impoverish and carbonize the arterial blood?

Patient. It does not seem plausible that liquor should prove a remedy for all these complaints.

Doctor. Well, if it is unreasonable to suppose that liquor is a panacea for all these maladies, then I cannot recommend it for your debility.

As her diarrhœa was accompanied by griping pain in the bowels before, and tenesmus during and after stool, which was slimy; tongue coated yellow; bitter taste in the mouth, A.M.; sore throat; sleepiness by day, and restlessness at night, she got Mercurius, and was soon able to report convalescence.

Insatiable Appetite for Stimulants.

Many persons cherish an almost insatiable craving for stimulants, resulting from cultivated taste, improper and innutritious diet, hereditary influence, or allopathic medication. Perhaps they feel some compunctions of conscience about indulging this vicious appetite, without the advice and consent of their physician. And they often seem very willing to make of him a convenient scapegoat for the gratification of their passions in this direction. I once knew a favorite dog that was foolishly taught by his indulgent master to chew tobacco. This he would do with great gusto. Spectators were highly amused at the animal's manifest complacency, when duly supplied with his usual rations of the solacing weed, and at his persistent, whining mood, when neglected in this respect.

How to Eradicate it.

This unnatural appetite will continue so long as the blood or any of the bodily tissues is saturated with the drug, and so long, perhaps, as any deleterious carbonic acid gas remains pent up in the system. After the habit

itself is abandoned, it usually requires from one to two years, for the system to completely rid itself of the poison, thus eradicating the dire cause of the appetite. This craving for stimulation originates in the chronic depression caused by the presence of the deleterious drug in the system, which arrests the natural metamorphosis of the tissues, thus rendering them effete and causing debility. It is said that by a thorough sweating process in wet sheets or otherwise, the offending matters, tobacco, &c., and with them the artificial appetite, may be entirely eradicated in the short space of two weeks. During this eliminating process, a strong odor, peculiar to the drug saturating the system, is exhaled by the sweating apparatus. If medical stimulation be the bane of the temperance cause, water-cure establishments may serve as the long-sought antidote. Then these institutions may be rendered of greater practical utility as inebriate asylums and refuges for the victims of tobacco, than as mere fashionable watering-places. And in such a case, their number might advantageously be multiplied almost indefinitely, until every town and village were as well supplied with the proper sweating-apparatus, as they now are with omnipresent dramshops. And when the unconscious victims of the latter are gathered up from the gutters, by some good Samaritan, and thoroughly put to soak and sweated enough, they may awake to blissful consciousness some bright morning, and imagine that they are in paradise.

Crises.

The hypothesis that alcoholic stimulants are indispensable in dangerous crises of disease, is being discarded by many of the best homœopathic physicians. In cases of adynamic fever treated homœopathically, they seldom meet these crises, so much dreaded in the old system. Even when taking such cases from allopathic hands, they will not resort to stimulants, because they have a great variety of splendid remedies at their command, and they

have learned to do better than to depend on any hobby in such cases. They prefer remedies whose specific action is well understood.

In all such cases of great prostration, the blood is not sufficiently oxygenized, being of a dark, venous color. It is highly charged with carbon and various effete matters, as indicated by the thick, turbid, offensive urine. This condition of the blood causes the debility. Now the primary effect of alcohol in such cases, is to rouse up and thus exhaust the already feeble reserve forces of the system. This stimulating effect occurs in a gradually diminishing arithmetical ratio, as long as the dose is repeated. Hence, the dose must be gradually increased. The subsequent effect is a greater degree of prostration than existed before the stimulant was administered. Besides this, alcohol combines with the balance of the oxygen left in the arterial blood, and thus detains more carbon than is accumulated by the disease, an additional cause of debility. Hence, the double danger incurred by the patient. The greater the quantity of the stimulant given, the greater the danger. If the quantity be comparatively small, it is barely possible for the *vis medicatrix naturæ* to overcome it.

But in cases of Metrorrhagia, some still resort to stimulants. As we become more familiar with the uses of our own invaluable remedies, adapted to such fearful emergencies, we shall be able to meet them with as much intelligent confidence as other emergencies, realizing that a good homœopathic cure is always the most certain and satisfactory in the outcome; whereas, a hobby-cure can seldom be relied upon, even when it at first seems to be most brilliant.

A physician who depends on the stimulant-hobby in any disease, to that extent betrays his ignorance of Homœopathic Materia Medica and true Therapeutics. With equal propriety, he might, as an expedient, in other complaints, resort to some famous liver, cathartic, or anti-periodic hobby, or even the old exploded phlebotomy hobby.

For nature seems to abhor a medical hobby almost as profoundly as she does a physical vacuum.

“Perhaps some doctor of tremendous paunch,
Awful and deep, a black abyss of drink,
Outlives them all; and from his buried flock,
Retiring full of rumination sad,
Laments the weakness of this latter time.”

CLINICAL CASE.

BY R. C. SMEDLEY, M.D.

Spasms following typhoid fever—Nux vomica.

WAS called in the night to see a patient suffering from the effects of a severe attack of acute pneumonia following *typhoid fever*.

A racking cough had prostrated his system, already much reduced by disease. At 8 o'clock on this evening, he was seized with spasms of a peculiar kind. The limbs would be drawn up with a sudden jerk to the body, and then as forcibly thrust out; then the whole body would be tossed on to the right side, then on to the back again. These successive spasmodic actions were kept up until 1 o'clock A.M., when I saw him, except a half hour from half-past 9 until 10 o'clock, when he slept. When I saw him his face, hands, and limbs were cold; the pulse almost imperceptible. After every spasmodic toss of the body, the head would roll to one side, without any power of the cervical muscles to control it; the lips and cheeks hung flabbily, and the eyes were expressionless. He was conscious of the spasms, and felt his strength fast ebbing away.

After observing his condition a few moments, I decided that if anything would save him, *Nux vom.* must do it, and that very quickly. I gave it to him in one drop doses of 3d dec. dilution every half hour. Within ten minutes

after taking the first powder the spasms ceased, and never returned. In about an hour and a half he fell asleep, slept a little more than an hour, after which the medicine was given in doses, as above, every hour. In the evening a few slight twitches were felt; these passed away, and he had a comfortable night. Other medicines were at times alternated with Nux, to control the cough and the vomiting of green water, which occurred at 8 o'clock every evening. With the exception of one sinking spell two days after, he steadily convalesced.

REMARKS ON THE PNEUMONIA PREVAILING THIS SPRING AT VIENNA.

BY DR. F. SUM,

Assistant Physician to the Gumpendorf Hospital. (A. H. Z., July 11, 1870.)

(Translated by S. LILIENTHAL, M.D.)

WE saw a great many severe cases of pneumonia from March till the beginning of June. Among adolescents the usual treatment commonly sufficed, but I wish to report on infantile pneumonia.

The crepitation of the affected parts of the lungs is characteristic at its very beginning; the cough is dry, painful, so that the children cry before coughing; such patients as can talk already, complain regularly of abdominal pains, hardly ever of the chest, although they cry when their chest is touched or when they are raised up by the thorax. Soft stools, even diarrhoea, were usual concomitants; hard stools the exception, and only seen in light cases.

*Chelidonium*⁶ two or three times in twenty-four hours, was, therefore, mostly prescribed. The dry cough became softer, the diarrhoea ceased, and in light cases, where there was only slight exudation, and where its absorption did not quickly take place, *Hepar*¹⁰ four times a day sufficed for the recovery of usual health in five or six days.

But where copious infiltration, especially in cases of double pneumonia, took place, danger was imminent. We heard, then, coarse, vesicular murmurs; dyspnoea was

so great that the child could neither sleep nor drink; slight œdema, with cyanosis of the hands and feet, set in, and the tormenting cough failed to expectorate the tough mucus. Diarrhœa was always present. (Perhaps caused by the swallowing of the tough mucus, as children are not apt to expectorate.—S. L.)

In my first case I tried Antim. tart.¹⁰ every two hours, but the child died. Another time I tried Ipecac.², which failed to relieve; then Ant. tart, but with the same fatal result. My studies then led me to prescribe *Kali carb.* for a boy two years old, with double pneumonia. I prescribed *Kali carb.*¹⁶ in the evening, and found in the morning the coarse, vesical murmurs already reduced to fine râles; the child had slept for a few hours, and took his milk readily. Since then I have frequently prescribed it in similar cases with equally favorable results.

Towards the end of the epidemic, some cases of pleuritis were seen, where neither Bryonia nor Sulphur brought about a diminution of the exudation, even after the third week. Dr. Eidherr recommended Calc. carb.¹⁶ twice daily, which, indeed, rapidly produced a diminution of the exudation.

Buchmann, in his provings, has shown us the value of *Chelidonium* in pneumonia of the right side of the body, with dyspnœa, tightness and anxiety of the chest, violent stitches, with short, dry cough, which increases the pain; pain under the right shoulder-blade, with soft, bright yellow stools, or whitish and costive. A better similitum Dr. Sum could, therefore, not have found, and rapid cures were the necessary consequence. *Kali carbonicum* has always had a well-deserved reputation in some cases of phthisis, which of old were called “pituitosa.” *Kali carbonicum*, and as well *Lycopodium*, are our sheet anchors in those emaciating conditions which frequently follow severe cases of inflammation of the lungs, with tormenting cough, and copious expectoration in grown-up persons. There was no spasmodic affection to retard expectoration, and *Ipecacuanha* was, therefore, uncalled for.

The action of the Antimon. tart. in pneumonia is yet matter of dispute. While Hughes remarks, “it is obviously broncho-pneumonia rather than pleuro-pneumonia to which it is homœopathic,” Kafka’s observations lead just to the very opposite; for he says “the Ant. tart. is only

effectual at the very beginning of pleuro-pneumonia, whereas in croupous and catarrhal pneumonia it covers only certain symptoms;” adding that, “if the tartrate of antimony does not produce amelioration in twenty-four hours, or the inflammation rather increased, we have to change our plan; the disease is of a croupy character, for which Iodine or Kali hydrojod. will be found the remedy.” We find it again indicated at a late stage in œdema pulmonum, and with profuse, easy mucous expectoration, but Sum’s cases showed tough mucus, which could not be expectorated, and, therefore, the application of the Antimony failed to give favorable results, and the carbonate of potash was the remedy, for it gives us frequently recurring paroxysms of cough, excited by tickling in the throat, larynx, and bronchi, with a *dislodgement of tenacious mucus or pus, which is not expectorated, but is swallowed.* S. L.

MYRTUS.*

OBSERVATIONS OF ANCIENT WRITERS.

(Translated by Malcolm Macfarlan, M.D.)

THE Myrtle, when in certain cases the mouth has been closed, has opened it (the mouth) by burning (the Myrtle, as in fumigation). *Hippocr.* De Superfœtatione, sec. iii, p. 14, v. 40, 46. (Sim. Paulli.)

The Myrtle heals up humors mightily. *Hippocr.* (Sim. Paulli.)

Myrtle berries, the odorous rush and lentils, steeped in wine (decoction) evacuate foul humors. *Hippocr.* b. i, de morb. mulier., sec. v, p. m. 193, v. 6. (Sim. Paulli.)

He recommends Myrtle leaves in the vinegar cup, in his own end (termination of life?). *Hippocr.*, l. c.

The fruit of black Myrtle, macerated in water, and having barley thrown in, makes a drink, and likewise (acts) as a preparatory medicine for opening the uterus. *Hippocr.* de natura muliebr, sec. v, p. 135, v. 35.

Myrtus dries up (sores) in a powerful manner, and has the (quality) of supporting the strength. *Galenus*, 7 simpl. 123, p. 218.

The fruit of the Myrtle is slightly nourishing. *Galenus*. Lib. 2, de aliment facult, cap. 18, p. 68, tom. 2.

Myrtus assists the bowels (in constipation). *Galenus*.

Myrtus has the (quality) of preserving the strength. *Dioscorid.*

* Many inquiries have been made of late regarding the action of *Myrtus communis*. What is known of it is herewith given, having been kindly furnished by Dr. C. Hering.

The juice of Myrtus is most useful to the stomach, quickens the flow of urine, is good against a bite to the finger, and (mixed) in wine, against the sting of a scorpion. *Dioscorid.*

The Myrtus might be tried, using the root in a glass of wine. It was (formerly) needful in medicine (as a remedy). *Athenæus Deipnosophistarum* refers to it. Book xv, p. 675.

The Myrtus was a beneficial medicine to those who might have drank too much (wine). The head was bound around (with it). *Athenæus.*

Bod. a Stapelen, in his commentaries, book iv, Hist. of Plants, observed that the Myrtus was efficacious in provoking of laughter, which very often is the follower or attendant of Venus (the planet); and Theophrastus, p. 376, adds: I have found the Myrtle so far pleasing to Venus, that all those who worshipping Venus when they fear danger to their work, bind the brows with a Myrtle crown.

The Lesbians crown themselves with the small branches of the Myrtle intertwined with each other (in a wreath), which they call hypothy-midas. Bod. a Stapelen of Athens proves this, and says the name was given, because it imparts a fragrance to their head.

OBSERVATIONS OF THE ARABIANS, AND OTHERS.

(Translated from the German by C. B. Knerr, M.D.)

Diarrhœa.

Blood spitting. *Mesnes* (Arabian.)

Bad odor under the arms. Checks perspiration.

Rheumatic limbs.

Bad odor from the mouth. Scurvy.

Nose bleeding. Ulcer in the nose.

Inflammation of the eyes.

Dislocations and fractures.

Prevents prolapsus uteri.

Prevents prolapsus ani.

Tinea capitis. Dandruff.

Diarrhœa and vomiting.

Prevents hairs from falling out, and makes them black.

Inflammation of internal organs.

Injuries to the bladder.

Fluttering at the heart. (The berries.)

Bad odor of the sexual organs.

Phagedenic ulcers. Erysipelas.

Swelling of the sexual parts.

Furuncles.

Ulceration of the corners of the eyes.

Tinea, with suppuration. *Dioscorides.*

Spider bites and scorpion stings.

Is useful in heat and dryness, and stops diarrhœa caused by a flow of yellow bile. *Eln Masavia.*

The powdered dry leaves are useful when applied to running sores.

The berries quench thirst and stop vomiting. *Ishak Ben Amran.*

To prevent palpitation of the heart, pains in the chest, excoriations and burning when passing water, and menorrhagia. *Eln Sina.*

Hemorrhage from the womb (fumigation with the berries). Dandruff (Myrtus boiled with turnip-water). Suggillations in the face (a pap made with bean-water). *Ishak Ben Soliman.*

A ring carved from the stem of a myrtle tree, and worn on the little finger of a man who has a swelling in his groin, will take away the pain. *Rhazes.*

An outward application will prevent the swelling of a sprained limb. The unripe berries are the best remedy to prevent the falling out of the hair. (Arabians.)—*Die Bücher der Erfahrungen* (The Books of Experience).

Myrtus bacc. (the berries). Pains in the chest, cough, with tightness on the breast. *Honigsberger.*

Myrtus bacc. Night-blindness. *Hbgr.*

Myrtus bacc. Inflammation of the throat; twelve cases. Dryness of the throat, pains in the throat and chest, with expectoration of blood. *Hbgr.*

Myrtus fol. (the leaves). Suppression of stool and urine; four cases. *Hbgr.*

Myrtus bacc., triturated with equal parts of gall-apples, mixed with water and injected into the uterus before coition, is believed to prevent impregnation. *Hbgr.*

Myrtus bacc. Cough; catarrh; eye and nasal catarrh. *Hbgr.*

Myrtus bacc. Acute pain in the chest; pressing pain in the chest. *Hbgr.*

Myrtus bacc. Pains in the joints, throat, chest, and stomach. *Hbgr.*

Myrtus bacc. Itching eruption. Tetter. *Hbgr.*

MORE RECENT OBSERVATIONS.

* Stitches in the left breast, running through to the shoulder blade, as they often occur in tuberculosis. Relieves where no other remedy could. *Wahle.*

* Hepatization of the left lobe of the lung. *Wahle.*

* Catarrhal fever, with pain in the elbows and knee-joints. *Wahle.*

* Dry hollow cough, from tickling in the upper anterior lobes of the lungs; worse in the morning, less tickling in the evening; great lassitude during the afternoon hours. *Wahle.*

Cough, with tickling in the chest. *Pehrson.*

After reciting the above symptoms preceded by the asterisk, in the *North American Homœopathic Journal*, vol. i, p. 74, Dr. Hering remarks, "Several homœopathic physicians in Philadelphia, besides myself, have used the third attenuation in cases like the above, with great success."

Of the preparation of the medicine, Dr. Hering writes (l. c.), "Take a small bunch of the Myrtle, as it is everywhere cultivated in pots, put it in a bottle with alcohol, and in a few days the tincture will be ready to form the attenuations." (To be had of B. & T.)

Raue ("Pathology and Diagnostics") p. 183, mentions as an indication for the use of Myrtus in phthisis, "stitching pains in the left chest, from the upper portion straight through to the left shoulder blade, worse from breathing, yawning, and coughing."

Dr. Wm. E. Payne reports, in the *Hahnemannian Monthly*, vol. vi, p. 356, a case of pulmonary tuberculosis, in which the symptoms were markedly removed by Myrtus, the principal indication for its use being as follows: "Throbbing ache, and stitching pain in the left infra-clavicular region, extending thence through to the left shoulder blade, aggravated by making a deep inspiration. Sensation of burning in the left chest."

The efficacy of Myrtus communis when the above symptoms are present, has been confirmed in our own practice. —*Editor Hahnemannian Monthly.*

THREE CASES OF POISONING.

TRANSLATED BY S. LILIENTHAL, M.D.

Poisoning with Cuprum Sulphuricum. By Prof. Moschka, of Prague.

Oct. 12.—F. II., 16 years old, swallowed a quantity of pulverized blue vitriol, mixed with water; half an hour afterwards was brought into the hospital. We found a small, frail youth, his skin *pale*, *lips pale*, *bluish* at the corners and internal edges, *tongue* coated, *bluish*, *cold*. Extremities cold, with cyanotic nails, pulse small, accelerated, the temperature of the skin generally not reduced.

Patient complained of being thirsty, a choking and contracting sensation in pharynx, coppery taste in mouth, pain in epigastrium, which is sensitive to pressure. R. *Infus. Ipecac. clysm.*, and, after copious vomiting, *Magnesia usta in aqua*; milk and albumen as antidotes. The vomited matter was of a bluish color, afterwards copiously mixed with mucus and magnesia. After half an hour, *four pultaceous*, *greenish-yellow stools*, without the least trace of blood. The scanty urine, passed per catheter, contained neither albumen nor blood. During the night patient was very restless, groaned, moaned, and complained in the morning of *severe headache*, pain in epigastrium, burning in mouth and œsophagus. He vomited no more; diuresis scanty, containing blood, albumen, and some bilious pigment.

Oct. 14. Skin and conjunctiva of *icteric* color; pupils equal; pulse frequent; temperature of skin diminished; visible mucous membranes remarkably pale. Patient feels very weak, and complains of oppression in chest, and restlessly throws himself about in bed. Stool pultaceous, brown-red, with streaks of blood, and tenesmus during stool. Urine scanty and containing much blood. Percussion and auscultation give nothing abnormal; sounds of heart weak and limited; on the base of the heart a slight friction-sound; *liver evidently enlarged*, abdomen drawn in, lower extremities flexed over abdomen.

Oct. 16–17. Symptoms same; icterus decreases, debility increases.

Oct. 18. Greatest apathy, cold sweat on forehead and extremities; pulse small, filiform, and patient dies, with all the symptoms of total collapse, during the day.

Oct. 20. Post-mortem examination :

1. Scalp and bones of cranium normal ; the dura mater tense, pale, very little blood in sulci and bloodvessels ; arachnoidea and pia fine and tender, its bloodvessels nearly empty ; cerebral substance firm, very pale, bloodless, shining when cut into ; the ventricles not dilated, empty ; on the base of the brain some serum ; cerebellum and medulla extremely pale and bloodless, and all the bloodvessels nearly emptied of their blood.

2. Mucous membrane of mouth and fauces pale, tongue not injured, with a brownish coating ; jugular veins contain only a few drops of thin, fluid blood ; in the pale larynx a slimy fluid ; œsophagus pale.

3. No fluid in chest ; lungs without adhesions, pale ; the left upper lobe œdematous ; the lower lobe swelled, hard, brittle, filled with a large quantity of small vesicular, foamy fluid ; the right lung also pale, œdematous at the edges ; substance pale and full of the same fluid as left lung.

4. Pericardium contains some serum, which gives no reaction to copper ; heart of usual size, flabby, valves closing ; hardly any blood in the cavities ; in the vena ascendens only some fibrinous coagula ; muscles of the heart very pale, soft and friable.

5. No fluid in abdomen ; stomach and intestines full of air, peritoneal coat of slaty color.

6. Spleen of usual size and consistency, moderately full of blood.

7. Liver of usual size, capsule smooth, substance yellowish-brown, soft, friable, fatty, moderately full of blood ; in the gall-bladder only a few drops of dark tough bile.

8. Kidneys swelled, capsules tense, cortical substance yellow ; pyramids compressed, pale brown ; some urine in vesica ; mucous membrane normal.

9. Stomach strongly distended, its coating tough, coronal vessels only moderately injected ; in its cavity about two pounds of a brown, slightly acid-reacting fluid. Its mucous membrane thickened and covered with tough mucus, along the large curvature rather of a greenish color. On the base of the stomach a round eschar, of the size of a small penny, where the mucous membrane is changed to a dirty brown, flocculent, and easily-detached eschar, showing plainly the muscular coat after its detachment.

10. Mucous membrane of small intestines normal; that of the colon swelled, pale gray, containing slimy, thin fecal masses.

As characteristic symptoms we have: the coppery taste, the severe vomiting, the blue color of the vomit, the blood-mixed stools, the severe headache, the restlessness, *icterus*, and autopsy revealed *fatty degeneration of the liver*, and the eschar in stomach.—*Wiener Med. Wochenschrift*, No. 26, 1871.

Poisoning by the bites of Spiders, in the Kirgisensteppe (a Russian desert), during the summer of 1869.

Dr. Schtensnowitch reports, that every year, during June and July, large quantities of small, black, velvety spiders appear, from the size of a pea to that of a hazel-nut, which by their bite produce in man and animal dangerous symptoms, and even death. These spiders are generally only poisonous until the end of July or beginning of August, when they deposit their eggs. The samples sent to St. Petersburg belonged to four different species: *Lycosa songarensis* (Tarantula), *Epeira lobata*, *Epeira fasciata*, and *Latrodectus lugubris*. During the summer of 1869 they were very numerous, and Dr. S. reports cases of 48 persons, of whom two died; of 173 camels, of which 55 perished; of 218 horses, of which 36 died; and 116 cattle, of which 14 died (about one-fifth of all animals).

Although neither redness nor swelling are visible on the bitten part, an excruciating pain arises there, spreading to distant parts of the body, and becoming finally general. After a few hours, vertigo, sensation of anguish, retention of urine, cyanosis, bilious vomiting, cramps in the extremities set in, and finally sopor as in typhus.

After three to four days, the period of reaction sets in, the pains diminish and finally cease, the patients sleep again, but it takes them several weeks to get well again; in some persons there remains even for some months a general hebetude, nervous irritability, or even psychical depression.

The Kirgises surround their sleeping-places with sheepskins, over which the spiders do not crawl, and thus prevent the bites of the *Latrodectus*.—*St. Petersburg Med. Zeitschrift*, 1870.

A Case of Arnica-poisoning. By Dr. Albert Schumann, of Dresden, Saxony.

Mrs. M., 33 years old, in order to bring on again her retarded menstruation, took, Feb. 22d, two cupfuls of an infusion of a handful of arnica flowers. Half an hour afterwards there was severe vomiting, strong congestions to the head, with headache, vertigo, &c. In the afternoon frequent diarrhœa, with severe colicky pains, and still more severe pains in the pit of the stomach, so that she fairly screamed out. She passed so many stools that she could not count them any more. About 6 p.m., suddenly perfect collapse, with cool, not perspiring, skin: pulse filiform, 54. R. Tinct. thebaica in emulsion, and dry heat.

Feb. 28, A.M. Patient very weak, without pain, mentally greatly depressed. The skin still remarkably cool, pulse small, 60; diarrhœa ceased.

Feb. 24. Called at 6 A.M., as the patient suffered again from severe gastralgia, with the sensation that the blood accumulates in such quantities in the lungs that she already was three times afraid she would have a hemorrhage. Menstruation set in, but only a few drops passed. Pulse small and slow; a small, thin stool. R. Warm sitz bath; mustard to stomach; internally the same mixture. But the menstruation did not return, although the congestion to the lungs diminished, and towards evening the gastralgia was worse than ever, and I was therefore obliged to order large doses of morphine, to control the pains.

Feb. 25, A.M. Patient very weak, free from pain except heaviness of the head. Pulse a little fuller, about 80. Ordered continued rest, strict diet, and a repetition of morphine, should the pain return.

Feb. 26. Reconvalescent, but no appetite. Normal stool on 27th.—*Schmidt's Jahrbucher*, No. 12, 1868.

KEY-NOTES; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M.D.

(Continued from page 28.)

CHENOPODII GLAUCI APHIS.

VERY little is known of the clinical value of this remedy, but from its peculiar symptoms, confirmed by a limited experience, it certainly promises much for the future.

Violent pressure in the sinciput or occiput—aggravated by movement—with a sensation of balancing of the brain to and fro, or up and down. Burning of the eyelids, every evening particularly. Tearing in the ears, alternately from one to the other. Sensation of great soreness of the nostrils; profuse coryza, with biting and burning of the margins of the nose and septum, with great soreness; violent influenza with sneezing, secretion of thin mucus, coldness of the feet, legs, and back, with accelerated pulse; painful vesicle at the tip of the tongue; much mucus in the mouth and throat, with *constant* desire to hawk and spit; burning, biting, or cutting burning in the throat, as from some acrid substance, during an inspiration.

Painful tearing in all the *teeth* of the right side, extending to the temple, ear, and malar bone; aggravation of the toothache at night, with tearing in the knees toward morning.

Frequent paroxysms of *colicky pain*, with urging to stool, rumbling in the abdomen, and emission of quantities of flatus; ineffectual urging to defecate or urinate, with pressure on the rectum and bladder at the same time. Discharges of a liquid mucus early in the morning, with bloody spots; colic; pressing on the rectum and bladder, with pressing headache. Later in the day the stools become more natural, but are still attended with painful pressing on the bladder and rectum, and occasional discharges of bloody mucus. Drawing-tearing in the rectum during stool, and at other times.

Drawing, tearing, and pressing on the *bladder*, with ineffectual urging to stool; frequent and copious emissions of foaming and yellow urine, sometimes depositing a thick yellowish sediment; urine has sometimes a scalding sensation. *Pain under the left scapula.*

Burning scraping titillation in the larynx, with constant desire to cough or to hawk, with constant expectoration of mucus; a sort of a burning, biting acidity in the larynx and trachea seems to be a prominent characteristic

of this remedy. One seems to be constantly making an effort to get rid of this unpleasant sensation in the air-passages.

Tearing and drawing in the knees early in the morning, after nightly tearing in the teeth; stinging burning pain in corns.

The limbs feel bruised and weary, with drawing, tearing pains in the temples and ears, decayed teeth, shoulders, upper arms, tibiæ, and bottoms of the feet.

Nocturnal emissions during lascivious dreams.

(To be continued.)

NOTE.—In the last number of the *Hahnemannian Monthly*, under the heading *Chelidonium*, the symptom “a fixed pain under the inner and lower angle of the right shoulder blade,” was erroneously attributed, through inadvertence, to DR. JACOB JEANES, whereas that distinguished practitioner observed a symptom very similar to the above, while proving the *Chenopodium Anthelminticum*, for which see *Hahnemannian Monthly*, vol. vi, p. 332.—H. N. G.

OBSERVATIONS ON THE TREATMENT OF SURGICAL CASES.

BY J. H. McCLELLAND, M.D.

It has been charged upon some of our school, that when treating surgical cases, homœopathy is for the time ignored; anodynes, purgatives and similar allopathic procedures being brought into requisition, and justified upon the plea, that “they are surgical cases, and hence have no special relation to homœopathy.”

But what a grand mistake. The fact that the literature of surgery in the past has almost exclusively been allopathic, *may* seem to justify those who are too timid to deviate from the course laid down in the text-books from which they draw their knowledge of the “art and science;” but thanks to the earnest working members of our profession who have turned their attention in this direction, this excuse (if excuse it be) is rapidly disappearing.

In no field, we are confident, will homœopathy appear to greater advantage than in this of surgery, and *none re-*

quires at this time more careful cultivation by the disciples of Hahnemann. If these facts are properly appreciated, and accompanied by corresponding effort, an avenue will be opened up through which the advance of our system will be both rapid and brilliant, by a route more direct than any other *within reach*, leading to public and general recognition at no distant day.

The homœopathic treatment of surgical cases and diseases, resolves itself simply into the application of remedies according to the presenting symptoms, and in accordance with the law of *similia*, as in any other class of diseases.

It is to be regretted that the indications for the use of these remedies are still limited, and as they must be obtained largely from clinical observation, it becomes every one to contribute even his mite to their increase and confirmation.

TREATMENT OF INJURIES, ETC.

Bruises.—Arnica holds acknowledged supremacy in this domain, and it were scarcely necessary to call attention to its use, but for the purpose of referring to the manner of its application.

The old school have learned something of its efficacy, but bunglingly make use of their knowledge by applying it in nearly or altogether its crude form, and to all manner of injuries. Hence they are often disappointed by the results, and even denounce it as worthless. In domestic practice the methods and results have frequently been the same. In order to derive the largest benefit from this valuable remedy, my experience has been, it must be largely diluted, *i. e.*, one part arnica tincture to twenty or even a hundred of water; and the good effect is much hastened by the internal administration of the 30th or higher. Nor is it necessary to keep the parts constantly soaked in the solution, any more than it is advisable or necessary to maintain the continuous administration of a remedy internally.

The better plan is to apply the remedy at suitable in-

tervals, and in the meantime direct a simple non-medicinal dressing.

I have frequently observed that when arnica was used in strong solution or full strength, the discoloration was very marked and the relief slow. The solution should be made and applied with water as warm as can be comfortably borne.

Sprains.—"A broken bone is sooner remedied than a sprain" is a common remark and is frequently true. Two reasons may be assigned for this; the first is owing to the structures involved, and the second to the manner in which they are treated.

The process of repair in a strained or ruptured ligament is essentially slow, but is rendered almost impossible when the patient persists in using the affected joint.

A sprain is often accompanied by acute inflammation and swelling, involving the synovial surfaces, and the surrounding structures of the joint. In these cases the limb should be wrapped in cloths dipped in a weak solution of Arnica, warm as can be borne, and Bell. (I prefer the 30th or higher) given internally until the inflammation abates. When the inflammatory stage is about over, or even when the above means do not seem to relieve (Bryonia will often take the place of Bell.), Rhus is most commonly indicated. For the first day or two, I believe it advisable to apply the remedy, very much diluted with hot water, at intervals of two or three hours.

Ruta grav. is not to be forgotten, especially in sprains of wrist and ankle-joints, and when the periosteum has been injured.

Calc. phos., and Sulph. are useful when the case is chronic.

One of the most essential elements to the successful treatment of sprains is *the maintenance of perfect immobility and rest*; and the disregard of these essentials goes largely to explain the unsatisfactory results so frequently the subject of complaint.

In order to insure these requisites the limb should be kept at rest until the swelling and inflammation are reduced, and then rendered immovable (the joint) by binders' board splints, or a starch bandage. In addition, the remedies should be used as above indicated.

Wounds.—A mere incised wound is best treated, by simply bringing the parts accurately in coaptation, after making sure that it is perfectly free from foreign bodies, using, when necessary adhesive strips (Isinglass plaster when the parts are not too moist) or sutures, and then applying a dry dressing.

In lacerated wounds, *Calendula* is eminently useful to encourage rapid granulation, applied at proper intervals, much diluted. Its usefulness is greatly diminished or ceases when the wound is filled up to the required level, as, according to my observation, instead of hastening the formation of an integument, it but encourages an exuberance of granulation, and hence retards cicatrization. Instead, therefore of continuing the *Calendula*, the plan is to form a scab or artificial skin with dry lint or collodion. (Richardson's styptic colloid.) In the dressing of wounds that are discharging pus in any quantity, as in compound fractures, I make large use of the "carbolic disinfecting soap" for purposes of cleansing, and then as a dressing, whether it be linseed oil, glycerine, cerate, or a poultice, the carbolic acid is always a constituent element; and especially so in warm weather. Hence it is, that in the surgical wards of our hospital, no offensive odor is found to pervade the atmosphere. A drachm of acid to a pound of lard or oil is generally sufficient. Two years ago I called attention to the extensive use of oakum in this connection, and its usefulness has not diminished.

These dressings, it may be added, have not interfered with the favorable action of remedies internally administered, as far as could be observed.

SURGICAL OPERATIONS

*Performed in connection with the Clinic of the Hahnemann Medical College of Philadelphia,
from date of last Report, March, 1870, until August 1st, 1871.*

BY MALCOLM MACFARLAN, M.D., *Prof. of Clinical Surgery.*

Removal of stone in the bladder, weighing nearly one ounce, by perineal lithotomy, lateral incision, 1. Ligation of the Ulnar and Radial arteries for aneurism of the palm, 1. Removal of tumors from the neck, cystoma, one, fibroma, one, 2. Forcible rupture of organic stricture of the urethra, by Thompson's instrument, 1. Removal of an Ovarian Tumor at patient's residence, before summer course students—weight of fluid and emptied cysts, 35 lbs., 1. Double harelip operations, 2. Single harelip operations, 3. Division of the masseter muscle for false ankylosis of jaw, 1. Plastic operation on the soft palate, 1. Resection of a portion of the lower jaw for osteosarcoma, 1. Operations for radical cure of hydrocele, 3. Phimosis, operation for, 1. Method of curing stricture of urethra by gradual dilatation, and illustrating the manner of introducing instruments, 1. Removal of nasal polypi, 3. Removal of polypi from the ear, 2. Catheterization of Eustachian tube, 1. Removal of a large cystic tumor on back of an infant's head by strangulation (*spina bifida*), 1. Dilatation of stricture of the œsophagus, 1. Excision of a cicatrix on the face, the result of a burn, and plastic operation to cure the deformity, 1. Operation for ranula, 1. Ganglion, 2. Application of apparatus for spinal curvature, 2. Division of tendons in club-foot and application of Scarpa's shoe, 3. Resection of the lower extremity of the tibia, with articulating surface, 1. Removal of fingers by the double flap and

oval method, 2. Operation for fistula in ano, 2. Operation for fissure of the anus, 1. Removal of epithelioma from the lip, 1. Fracture of clavicle, application of dressing, 2. Reduction of downward dislocation of the humerus, 2. Application of splints in Barton's fracture of the radius, 2. Division of tendons of contracted muscles in hip-joint disease, and application of splints, 2. Breaking of badly united fracture of forearm, and application of splint, 1. Removal of encysted tumors of the scalp, 4. Erectile tumors of the face in children, treated by excision, ligature, and subcutaneous injection, 7. Slitting canaliculi and dilatation of nasal duct, 9. Removal of foreign bodies embedded in the cornea, 2. Tumors of the lid, 2. Operation for aneurism by anastomosis, involving the upper lip and forehead, 1. Operations for entropion and ectropion, 3. Ankyloblepharon and symblepharon, 2. Blepharoplasty, operation for restoring part of the lid, 1. Operation for convergent strabismus, 5. Insertion of artificial eye, 1. Von Graefe's operation for hard cataract, 5. Needle operation on traumatic, soft cataract, 1. Plastic operation to cover a large opening at the site of nasal bones, 1. Excision of diseased nasal septum, 1. Successful formation of a new nose by the Indian method—flap taken from forehead, 1.

Total number of operations, 98.

Besides a great variety of cases of minor interest, treated medicinally and otherwise.

THE SURGERY OF STRICTURE.

BY SAMPSON GAMGEE.

I HAVE just read (in the July number of the *Lancet*) the discussion, under this head, at the Clinical Society of London. It recalls a remark I have not infrequently made to my students: that, in estimating current surgical literature and polemics, it is necessary to bear in mind that fondness for fashions is not confined to young ladies.

Considering that the controversialists at the Clinical Society were amongst the leaders of modern surgery at the metropolis, I confess the report of their proceedings is scarcely flattering to national pride, or encouraging to scientific aspiration. The discussion about the relative value of elastic and metallic catheters and bougies is a very old tale; and when, twenty years ago, I was working through the hospitals of Europe to judge personally the merits of surgical authors and methods of practice, I came back with a very decided opinion that in passing catheters and treating strictures, Frenchmen were nowhere, and Englishmen, with Robert Liston in the van, had settled the business. In Paris itself, upwards of thirty years ago, the discussion of the value of metallic *versus* elastic catheters and sounds, of good-sized instruments *versus* bristles, was carried on with characteristic vivacity; and any one may learn some useful lessons who will read carefully in Mayor's *Chirurgie Simplifiée*, "*Des principes fondamentaux du Cathétérisme*," and succeeding chapters.

The vast majority of strictures yield most readily to progressive dilatation with metallic instruments in skilled and gentle hands. Steel sounds, well plated, are the best, on account of their smoothness and weight—the latter a very important quality.

A few words as to progressive dilatation. Assuming a stricture, which, to-day, will only admit No. 5 through it, Nos. 6 and 7 must be passed down at once as far as practicable. To-morrow, probably, 6 will go through with comparative ease, and then 7 and 8 must follow without delay to the point of obstruction, which rapidly yields; the narrow membranous tube gradually opening out in front of the advancing instrument, just as the glove-finger does in front of the stretcher when pressed along it. In passing urethral instruments, the patient ought always to

be in the recumbent position; the instruments to be warm, and very well oiled.

In cases of retention there is too much meddling with little instruments—too little reliance on the case to patient and surgeon, with which good-sized heavy instruments are passed, especially if they be allowed to find their way by their own weight, the index-finger of the right hand being merely held under the handle of the instrument, and gently shaking it, and elevating it at the proper time. Two well-known agents deserve a few words, because imperfect advantage is often taken of them—opium and hip-baths. The full narcotizing effect of the former, carefully watched, induces a flow of urine in most cases of obstruction. As to the hip-bath, let the patient have a blanket folded at his back to rest comfortably, with the feet resting on a footstool to insure thorough relaxation of all the muscles. The small quantity of water which these baths hold, and their vast extent of cooling metallic surface, render it necessary to remove part of the water every few minutes, and add more hot, a blanket being all the time over patient and bath.

Leeches in perineo are only necessary in exceptional cases, but they are capable of doing a great deal of good. Emptying the bowels by copious warm-water injections, is a measure not to be overlooked in all cases of retention presenting difficulty in the passage of instruments. The value of anæsthetics under such circumstances cannot easily be exaggerated.

The frequency of stricture of the urethra is much greater than is commonly supposed, and I feel confident that if the passage were more frequently explored, many men who say they pass water freely, will be found to admit only a No. 6.. At this stage a cure is easy and rapid; once effected, symptoms referred to lumbago disappear, and the danger is averted of progressive narrowing to one of these very tight strictures, which so frequently imperil the patient's life and the surgeon's reputation.

These hints are mostly old, though none the less worthy of remembrance. Allowing for the necessarily abridged report of the Clinical Society, already referred to, it almost appears as if we were in some danger of forgetting what is already known, in the race after *spécialités et nouveautés*—fashionable milliner's words, but not inapplicable. . . . *London Lancet*, August, 1871.

“THE COMPLETE REPERTORY.”

R. J. McCLATCHEY, M.D.

DEAR DOCTOR: I desire, through the medium of your Journal, to call the attention of your readers to “THE COMPLETE REPERTORY,” now in process of compilation, and which will be published at as early a date as possible. The Repertory differs from those already before the profession in several important particulars, prominent among which are its arrangement; being rather a dictionary or concordance of symptoms; and its having for its basis not the immense mass of symptoms now in our possession, but only those which have been proved, by clinical tests, to be reliable drug effects. This work, which originated with Dr. J. G. Gilchrist, of Owatonna, Minnesota, is now being rapidly completed by himself and a number of co-laborers. The price of the work will probably be not less than eight or more than ten dollars. We are desirous of receiving subscriptions as rapidly as possible, in order to insure an early appearance of the work.

Those desiring to subscribe may send their names to Dr. Gilchrist, to myself, or to any of the editors.

Very truly yours,

W. JAMES BLAKELY.

ERIE, PENNSYLVANIA.

Since receiving the above communication from Dr. Blakely, the prospectus of “The Complete Repertory” has come to hand. From it we gather the following items: The title of the work will be “An Index of Symptoms to the Materia Medica; or, Complete Repertory;” it will be published in January, 1872, and will be sold only on subscription. It differs from other Repertories in containing symptoms entire, not cut up into a number of small ones; also in containing all the “characteristics” scattered through the journals of the past few years, which are at all reliable. “Every care has been exercised to make it a work which will be indispensable to every practitioner.”

The price of the work will be *Ten Dollars*. Subscriptions are to be sent to Thomas Gardiner, Homœopathic Pharmaceutist, Minneapolis, Minn., or to J. Grant Gilchrist, M.D., Owatonna, Minn.—EDITOR H. M.

OUR MEDICAL COLLEGES.

THE practitioners of homœopathy in this country have a right to be proud of their medical colleges, not only for what they have been and have done in the past, but, more particularly, for the promises of greatly increased usefulness held out for the future; and the earnest and devoted men who labor, through these instrumentalities, for the good of the cause, are deserving the thanks and encomiums of the entire profession. The American Institute of Homœopathy at its recent session in Philadelphia, did a glorious work in the admission of women to its membership, and took rank in advance of the old-school Association as a liberal and progressive organization; but our colleges have lost the chance offered them, of distancing their competitors in the establishment of a three years' graded course of study. Harvard has stepped in and gathered the honors. Yet our colleges are working vigorously and judgmatically to bring the standard of medical education up to a high point, and the compulsory three (or more) years' course must follow.

In *Philadelphia*, the ability of its college faculty, its magnificent medical museum, and its hospital appointments, insure a large class of students. In *New York*, the "new college," with its chairs filled with able and earnest representative men, and the brightest prospects for the future, success is insured, despite the efforts of the disorganizers. In *Cleveland*, where the second oldest school in the United States is located, they are awake to meet every requirement of the age; while from bustling *Chicago*, with its new college and hospital, under the control of some of the ablest medical men of that city, a good report may confidently be expected. *St. Louis* has made no sign. Truly the outlook for the future of homœopathy is bright and pleasant to contemplate, when viewed in connection with the facilities for acquiring a complete medical education afforded by OUR COLLEGES.

PUBLICATIONS RECEIVED.

LECTURES. CLINICAL AND DIDACTIC, ON THE DISEASES OF WOMEN.

By R. Ludlam, M.D. PART III. Chicago: C. S. Halsey. 1871.

The good impression created by the first parts of this valuable work, grows with each issue. Part III has been a long while in appearing—too long, perhaps, for those who are impatient to see the book completed—

but no author ever had a better excuse for delay than Dr. Ludlam, inasmuch as his duties with the college of which he is Dean and a Professor, and his labors as Secretary of the American Institute of Homœopathy, added to a large practice, must have made it a matter of great difficulty to prepare "copy" and attend to proof-reading.

Part III comprises lectures on—Nursing Sore Mouth; Puerperal Convulsions; Menstrual Headache; Prolapsus Uteri, with right latero-version; Acute Cervical Metritis, and Hysteria, with cases illustrating various forms of these diseases and their treatment. The lecture on Nursing Sore Mouth is, perhaps necessarily, brief, but the disease is so interesting as well as frequently intractable, that the subject might have been amplified with advantage. Apparently, the *similimum* for stomatitis materna is Mercury; and yet we are of the opinion that in homœopathic hands fewer cures have been made with Mercury than with other medicines indicated by the disease, while in allopathic doses its administration has been little else than disastrous. The failure of Mercury in homœopathic hands is perhaps due to the fact that our practitioners almost always employ the *Mercurius Solubilis* wherever Mercury is indicated.

Three Lectures (nearly forty pages) are devoted to the consideration of Puerperal Convulsions, and the author presents a sensible and well-digested article on that terrifying derangement. The Lectures on Hysteria are practical and very interesting. In fact, while differing from the views of the author on some points of treatment, we take great pleasure in commending Dr. Ludlam's work to our readers. They will find it to be a well-written book by a practical physician—one who knows whereof he is writing.

FIFTH ANNUAL REPORT OF THE HOMŒOPATHIC MEDICAL AND SURGICAL HOSPITAL AND DISPENSARY OF PITTSBURG. Submitted to the Corporation at their Annual Meeting, held April 11th, 1871.

With a quietness and freedom from ostentation remarkable in these days of brag, this noble charity has gone on through another year of its beneficent career, scattering the good derivable from homœopathic medication and skilful surgery with no lavish hand, amongst the poor and afflicted of the city in which it is located. Whoever, of our school, has visited Pittsburg and made the acquaintance of the physicians of that city, must have been struck with the cordial feelings entertained by those physicians for each other, the kindly manner in which each one speaks of his professional brethren, and the hearty good will with which they work together for the common good. It is to this sort of professional bearing, and to the high feeling of regard it has necessarily won from the laity, that the marked success of this Hospital and Dispensary is mainly due.

From the "Report" before us, we gather the following interesting items: During the first year 99 patients received treatment in the wards of

the Hospital; the second year, 163; the third, 167; the fourth, 236; while during the fifth year, which closed on the last day of March, 304 were received. About 1700 prescriptions were made in the Dispensary during the first year, while during the fifth year there were over 4500.

The whole number of *surgical cases* treated during the year was 79. Whole number of medical cases, 209. Lying-in, 13. Births, 12.

Of the whole number (304), 15 died, or $4\frac{2}{10}$ per cent. During the year previous, 13 died; a mortality of $5\frac{5}{10}$ per cent. Those familiar with hospital statistics will regard this mortality as small; yet a closer examination will place it in a still more favorable light. Three of the deaths resulted from accidents; of these, amputation at the *hip-joint* offered the only hope of saving life in one case, and even that was but a faint one; another was the subject of a railroad accident, and one of his limbs was amputated at the thigh, but he never recovered from the shock; the third was brought to the Hospital by the police, in an unconscious state, and died in a few hours. Two of the deaths were from consumption; one from general paralysis, three from old age, and one a babe, who died a few hours after birth.

The increase in the number of patients over last year was 68, or about 30 per cent.

The daily average of patients maintained was $24\frac{1}{10}$.

The proportion discharged, cured, was 65.46 per cent.; improving, 10.53; unimproved, 1.31; removed, 9.21; died, 4.94; remaining, 8.55.

Of the whole number treated there was 211 males, and 93 females. Americans, 113; foreigners, 191.

Whole number of patients treated since the opening of the Hospital, 877.

Prescriptions issued from the *Dispensary* during the year, 4592. Whole number issued since the Dispensary opened, 14,500.

More than one-third of the patients were between the ages of twenty and thirty, and nearly one-fourth were between thirty and forty years of age.

Four of the patients were treated by allopathic physicians, in accordance with the regulation which allows paying patients their choice of physicians.

The "pay patients" numbered 98; the "charity patients" 208.

The *Report of the Treasurer* presents a satisfactory financial exhibit, except that we notice as part of the receipts, a *temporary loan* of \$2000. There should be no necessity for so noble a charity going a begging for money to support it; and State and local aid should prevent such a necessity in the future. By all accounts, this Hospital, from its central location and facility of access, is in truth the "City Hospital," and the corporation of Pittsburg should see to it that funds are provided for its support. The ladies and gentlemen who give their time and talents to benefit the poor and afflicted, should not be obliged to solicit *loans* or even subscriptions.

The *Medical Board* consists of the following gentlemen: H. Hoffman, M.D., L. H. Willard, M.D., J. S. Rankin, M.D., J. H. McClelland, M.D., J. C. Burgher, M.D., C. P. Seip, M.D.

A NUMBER of other recent valuable publications are on our table, to be noticed in the October number.

EDITORIAL NOTES.

MORE MEDICAL BIGOTRY AND INTOLERANCE.—Dr. D. W. Bliss, of Washington, D. C., has been promoted out of the Medical Society of the District of Columbia. The offence of Dr. Bliss consisted in this, that he had consulted with Dr. C. C. Cox, who previously had been placed without the pale by reason of his associating with Dr. T. S. Verdi, in the Board of Health of the District. In a lengthy article published in the *Washington Chronicle*, Dr. Bliss pays his respects to the District Society, especially for the charges they bring against him in relation to the use of Cundurango in cancer, but refers incidentally to his expulsion in the following terms: "In regard to the late action of the dignified Medical Association of the District of Columbia, by which I was expelled from membership, I have only to say that they have done me a signal service, for which I can never be too grateful." It is more than hinted at, that the true animus leading to the persecution of Drs. Bliss and Cox is political rather than medical; but whatever the cause may be, the result is that the members of the District Medical Association, who have taken part in this crusade, have secured for themselves the contempt of every right-thinking person acquainted with the circumstances. In this connection we may mention that these self-same members of the District Society have, under the imposing name of "The Medical Profession of the District of Columbia," addressed a memorial to the House of Delegates of the District, on the subject of the appointment of Dr. T. S. Verdi as *Health Officer* by the Board of Health. From this memorial we quote the following sentences, which should be placed, in imperishable form, in some easily accessible place, to serve forever as a model of crystalline impudence:

"The code of laws adopted by the Board of Health, of which Dr. C. C. Cox is chairman, declares that Tullio S. Verdi shall be the health officer, and specifies certain duties that he has to perform, which none other than a medical man can discharge. Your petitioners respectfully represent that the said Verdi is not a regular practitioner of medicine, nor recognized as such by the American Medical Association, the representative body of the medical profession of the country; that no health officer of any city in the United States has ever yet been appointed, who was not a regular practitioner of medicine, and therefore able to confer and advise with his medical brethren in regard to all hygienic rules that should be adopted for the safety and security of the public weal."

"In conclusion, we respectfully request your honorable bodies not to subject the whole profession of the District, the representative of the regular medical practice of the country, to the control of one man who is an irregular in practice, and not recognized by the American Medical Association."

To this pharisaical bigotry the Board of Health very fittingly replies, in a series of resolutions adopted by the Board and transmitted to the House of Delegates of the District. From this reply we extract the following sentences, presenting as they do as appropriate comments on the ridiculous assumptions of the self-styled "regulars" as can be made:

"*Resolved*, That the Board of Health has nothing whatever to do with the profession or occupation of any gentleman whom the Executive of the Nation has thought proper to designate as a member of the same; that it does not concern them whether such member belongs to the homœopathic or allopathic school of medicine; that no principle of practice (which constitutes the difference between the two classes of practitioners) is involved in the operations of the Board, and that, in their judgment, an educated homœopathic physician is fully as competent to judge of and direct the rules of hygiene as a graduate of any other school of medicine.

"*Resolved*, That it is not true, as stated, that a homœopathic physician has never been recognized in the organization of any health department, as the sanitary history of many cities of the country abundantly attest; that the most prominent medical college in Europe, all of whose professors are admitted by these very memorialists and the profession at large, as 'regular' and in 'good standing,' includes, and has for years included, in its faculty a professor of homœopathy, thereby creating a direct professional contact and intercourse between the two branches of medical practice.

"*Resolved*, That Dr. Verdi (T. S.), having received various diplomas and certificates of merit, both from allopathic and homœopathic institutions of credit, and holding, as he does, a high position in this community for intelligence and zeal in promoting the interests of the same, is entitled to our confidence, and is a suitable person, in our judgment, to hold a place in the Board of Health; that the Board regards the assault thus made upon Dr. Verdi as the offspring of personal malignity, of a reckless and disorganizing temper, and not as springing from any honest desire to conserve the public health or promote the welfare of the District.

"*Resolved*, That we call upon all citizens who have the good of the District at heart to frown down at once this attempt to subvert the purposes and aims of one of its most useful and self-sacrificing institutions—an attempt prompted only by prejudice and personal hostility."

In addition to the resolutions above quoted, Dr. Verdi reviews the situation in an able communication to the *Daily Morning Chronicle*, of Washington, D. C., in which he supplies all the missing links in the chain of evidence against the animus of the "regulars." We have space only for the following trenchant paragraph:

"But, gentlemen, I claim my right as an American citizen, and think that our respected President in appointing me has only done what is due to me as an honest medical man. As to my not being a member of your association, I would state that my dignity and self-respect would forbid that I should become a member of an association that assumes to be the only medical authority, but that all their deliberations seem to consist in

berating the intelligence of women, in proscribing eminent medical men on account of their color, and their worthiest members on account of the liberal views they entertain in the exercise of their profession. You claim that no one is a regular physician who is not a member of that association; then 'there is more honor in the breach than in the observance.'"

In the words of Sir Lucius O'Trigger, this is "a very pretty quarrel just as it stands," and with a good prospect of the triumph of right over wrong. Our readers will expect no comments from us; but we take this occasion to express the wish that a definition of the term "regular," as applied to practitioners of medicine, would be given, that we may know exactly what a "regular" is. The American Medical Association some time ago decided that a "regular" medical college was one in which the fees were one hundred and forty dollars per term. But if a graduate of a one-hundred-and-forty-dollar medical college should subsequently adopt homœopathy as his method of practice, would he be accounted "regular" by the A. M. A.? The able editor of the *Medical Times*, of Philadelphia, recently propounded a conundrum, to the effect that he would like to know what homœopaths had done towards the advancement of "science." With a similar spirit of laudable inquiry, we now ask the question—What constitutes a "regular?"

AN HISTORICAL NOTE OF DR. GRAM.—The following *Historical Note*, communicated by Dr. Hering, is a translation from *Callisen's Medicinisches Schriftsteller-Lexicon* (Lexicon of Medical Authors), Vol. 7. Copenhagen, 1831:

"972. HANS BENJAMIN GRAM, from New York, Surgeon. Born at Boston, North America, 1787, son of the secretary to the Governor of the Danish West India Islands. He attended various schools in his native city, and was there engaged from 1802 to 1806 in the counting-room of a publishing house; led a private life during the years following, until 1809, when he commenced the study of medicine in Copenhagen. From the 22d of June, 1813, he was Assistant Surgeon to the Marine Hospital. In the spring of 1816, he passed an examination at the Royal Surgical Academy; for several years was amanuensis to the State Medical Counsellor, Fenger, until 1824, when he returned to North America."

SCIENCE RUN MAD.—The unsatisfying theories of Darwin have of late attracted a great deal of the attention of the learned and unlearned, and the civilized world may be said to be to-day divided into those who believe that his speculations are facts and those who do not thus believe. But Darwin has at last been outdone, and that too by a man who, of all others, seemed the least likely to be led into wild theorizing. At the Annual Meeting of the *British Association for the Advancement of Science*, Sir William Thompson, the President of the Association, made a speech, in which, after strongly protesting against too great an indulgence in purely speculative thought, he, leaving his facts and his figures,

boldly plunged into the wildest speculation as to the origin of life on this planet ever promulgated. He suggested that the first importation of the "germ of life," came from some "moss-covered meteorite which the earth attracted to itself through space," and from this germ came vegetation, then living creatures, and, in the fulness of the tide of development, MAN. It is assumed that meteors are the ruins of worlds which have come into collision and broken into fragments, among which there *must be* many still clothed with vegetation; many great and small fragments carrying seed and living plants and animals, and one of these falling upon the earth might lead to its becoming covered with vegetation. And this is SCIENCE! With all their induction and generalization, their experiments and speculations, modern philosophers, despising the biblical account of creation, can arrive at no nobler conclusion than that the accidental falling of a meteor on the surface of this planet, was the cause of the almost infinite variety of life with which it teems. "Oh! most lame and impotent conclusion!"

NATURE OF ADDISON'S DISEASE.—In an exhaustive paper on this subject in *Virchow's Archiv*, in which the author, Dr. Rossbach, appears to have collated and carefully studied every recorded case, he arrives at the following conclusion: Addison's disease is a neurosis—that is to say, an affection not at present anatomically demonstrable, but a functional disturbance of the whole nervous system, which stands in close, but not in absolutely essential relation with the supra-renal capsules, and is characterized by serious perturbations of the psychical powers, very strongly marked anæmia, extraordinary debility, and very frequently also by a dark pigmentation of the integument, constituting the bronzed skin.

THE OPHTHALMOSCOPE IN EPILEPSY.—Dr. Reuben H. Vance, of New York, calls attention to two distinct conditions of the retina in epilepsy, as revealed by the ophthalmoscope. He believes that two well-marked groups of epilepsy may be formed in accordance with the intraocular appearances, one group being characterized by vascular fulness, the other by anæmia, of the retina. As the brain is anæmic during sleep, it is natural to suppose that the occurrence of sleep would be a predisposing cause of the fits in the anæmic form, whilst in the congestive form they would be more likely to take place during the day.—*N. Y. Med. Jour.*

LYCOPERDON AS A HÆMOSTATIC.—In the *Canada Journal of Dental Science*, July, 1871, the Lycoperdon (Bovista), or Puff Ball, is highly commended as a means for arresting hemorrhage, particularly after tooth-drawing. The writer recommends the application of pieces of the fungus to the cavity until it has produced its effect. "Two or three applications will cure the worst case" (of hemorrhage). For any other description of wound a piece large enough to cover in the wound, held firmly on, or bandaged on, will arrest the flow of blood. The writer, likewise, suggests that it might be useful in epistaxis, by holding a good-sized piece of the fungus close to the nostrils, and directing the patient to inhale with all possible force the fumes arising from it under pressure

of the hand. This experience with *Lycoperdon* corresponds very well with some of the symptoms given by Hartlaub and Trinks. Under the heading "*Bovista*," in *Jahr's New Manual*, vol. i, we find that bleeding from the gums and bleeding from the nose are marked symptoms. Dr. B. W. Richardson made himself insensible by the fumes of the *Lycoperdon*, and has performed a number of experiments with its vapor upon animals, which demonstrated its narcotizing effect.

SKIM-MILK TREATMENT OF DIABETES MELLITUS.—Dr. Arthur Scott Donkin, who introduced the method of treating diabetes with a diet of skim-milk, recurs to the subject in the August number of the *London Lancet*. He relates two well-marked and unmistakable cases of the disease, both of which were cured within fourteen days after beginning the treatment, and at the time of writing one had remained free from the disease nearly seven months, and the other nearly six months. In the first case, that of a merchant aged 56 years, the daily quantity of urine varied from eight to ten pints, sp. gr. 1035 to 1040, and it was "loaded with sugar." Eight to ten pints of skim-milk were taken daily, all other food was scrupulously abstained from, and this was persevered in without variation or intermission, for a period of five weeks. At the end of the second week, the sugar had completely disappeared from the urine. The patient rapidly gained flesh, strength, and vital energy. At the end of seven weeks, additions of meats and green vegetables were made to the diet. In the second case, the patient passed from six to seven pints of urine daily, having a sp. gr. of 1040 to 1045. Prior to being subjected to the skim-milk diet, he had been for four months under Rollo's dietetic treatment (animal food and prepared bran-crackers), without decided benefit. He was given six pints of skim-milk daily, all other food was prohibited, and stimulants disallowed. In two weeks the sugar had disappeared from the urine, and, as in the former case, health was speedily restored.

PERSONAL.

McCLELLAND.—It affords us great pleasure to state that Dr. J. H. McClelland, of Pittsburg, will hereafter be a regular contributor to the Surgical Department of the *Hahnemannian Monthly*. Dr. McClelland is a member of the medical staff of that most flourishing and excellent charitable institution, the *Pittsburg Homœopathic Hospital*, and stands very high as an operative surgeon, in that city. It is intended that the surgical departments of this journal shall reach and maintain a high standard of excellence in the future.

HOPPIN.—Dr. Courtland Hoppin, of Providence, R. I., who was removed from the position of Pension Surgeon by the suppressed Van Aernam, because he was a practitioner of homœopathy, has received official notice of his restoration, by the new commissioner, General Baker.

SPOONER.—Dr. Stillman Spooner, of Oneida, N. Y., who raised the row which led to the dismissal of Dr. Van Aernam, has likewise been

restored to office. A number of other homœopathic physicians who were likewise unjustly dismissed, have also been reinstated.

DIX.—Dr. J. H. Dix has removed from New Castle, Indiana, to Dansville, N. Y. Dr. Dix has left New Castle vacant, and will recommend a competent physician to his former patients in that place.

JAMES.—Dr. Bushrod W. James, of Philadelphia, well known to our readers as the contributor of "Notabilia," to the Philadelphia County Homœopathic Medical Society, will occasionally furnish surgical papers for our columns. Dr. James is preparing two popular lectures for delivery during the coming winter.

THE BRITISH HOMŒOPATHIC CONGRESS.

ENGLAND, July 24, 1871.

EDITOR HAHNEMANNIAN MONTHLY.

DEAR SIR: We send you the following notice, hoping you will make it known in the pages of your valuable journal, so that any of your countrymen visiting England may attend the Congress.

We remain yours, faithfully,

(Signed)

J. GIBBS BLAKE,

C. P. COLLINS,

Secretaries of Congress.

British Congress of Medical Men Practicing Homœopathy.

This important meeting will be held at Oxford, on Wednesday, the 27th September. The meeting will take place at the Randolph Hotel, Beaumont Street. The President, Dr. Madden, will deliver an address *On Therapeutics in its Relation to Modern Physiology*. Papers have also been promised by Dr. Black, of the British Homœopathic Society, *On Posology*; by Dr. Dunn, of the Northern Homœopathic Medical Association, *On Thirty Years' Experience of Homœopathy applied to Surgery and Obstetrics*; by Dr. Wynne Thomas, of the Midland Homœopathic Society, *Reports of Surgical Cases*; and by Dr. Moore, of the Liverpool Homœopathic Medico-Chirurgical Society, *On Uterine and Ovarian Diseases*.

Membership of Congress will be restricted to duly qualified members of the medical profession practicing Homœopathy. The President will take the chair at 10 o'clock in the morning. There will be an adjournment at 1 o'clock for an hour. The members will, with any friends they may choose to invite, dine together in the evening. Dinner will be served at 6 o'clock.

No paper will, with the exception of the President's address, occupy more than twenty minutes in reading, and the observations of members

in the discussions following the papers will, it is expected, be limited to ten minutes each.

The secretaries on this occasion are Dr. Gibbs Blake, 24 Colmore Row, Birmingham, and Dr. Collins, Euston Place, Leamington. It is hoped that all gentlemen who intend to be present at the Congress will communicate with the secretaries before the 23d of September, in order that time may be allowed for making the necessary arrangements.

SAN FRANCISCO HOMŒOPATHIC MEDICAL SOCIETY.

THIS association of homœopathic physicians held its first monthly meeting at the office of Dr. F. Hiller, in Post Street, San Francisco, on the evening of June 13th. The meeting was called to order by Dr. J. P. Dinsmore, President. Drs. S. Porter and T. C. Coxhead were elected to membership.

The Committee on Dispensary were granted until the second Tuesday in August to report.

The following appointments were made by the President: On Theory and Practice of Medicine, Dr. F. Hiller; on Homœopathic Treatment of Surgical Cases, Dr. E. J. Fraser; on Special Pathology, Dr. W. A. Griswold; on *Materia Medica*, Dr. J. Esten; on Obstetrics, Dr. M. J. Werder; on Diseases of Women and Children, Drs. S. Porter and J. H. Floto; on Local Form of Disease and Epidemics, Drs. T. Coxhead and A. A. Thiese.

Papers were read by Drs. Frazer, Griswold, and Hiller.

The succeeding discussion was general, and for the most part spirited and interesting.

It was agreed that *Erysipelas* should be the subject for discussion at the next meeting of the Society.

The Society adjourned to meet at Boericke and Tafel's Pharmacy, on the second Tuesday in July.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Report of Semi-Annual Meeting, held August 10th, 1871.

THE Twentieth Semi-annual Meeting of the Society was held at the rooms of the Young Men's Christian Association of Saratoga, August 10th, 1871.

The meeting was called to order at 10.30 A.M., the President, John F. Gray, M.D., LL.D., in the chair. The President requested the Rev. Dr. King, of Saratoga, to open the sessions of the Society by prayer.

The reading of the minutes of the last annual meeting was dispensed with.

The President, Dr. J. F. Gray, thanked the Society for the honor of having been elected to the presidential chair, and in a few well-chosen and pertinent remarks, advised devotion to habits of close observation and careful research in all departments of medical science.

Dr. T. Franklin Smith was called to the chair.

Dr. Gray presented the report of the Committee on Medical Education. Dr. Gray alluded to the correspondence between himself and Governor Hoffman, regarding the veto of the bill passed by the Legislature relative to the degree of doctor of medicine. He then offered the following resolution:

Resolved, That the Committee on Medical Education be instructed to present the bill passed by the last Legislature with such modifications (not impairing the purpose of the bill) that they may find necessary to its becoming a law. Adopted.

The Secretary presented the following papers, which were read by title: Report of Albany City Dispensary for quarter ending July 1st, 1871, by Dr. M. H. Parmelee; Report of Building Committee of Hahnemann Hospital, New York City, by Dr. F. Seeger; Report on Surgical Cases, by Dr. H. G. Preston; Iodoform, by Dr. B. F. Underwood; Suicide by Drinking Chloroform, by Dr. T. T. Calkins; Scarlet Fever, by Dr. H. K. Bennett; Arsenical Poisoning, by Dr. C. Judson Hill; Chorea, by Dr. C. Judson Hill; Clinical Notes and Characteristics, by Dr. H. K. Bennett; The Importance and Manner of Studying the *Materia Medica*, by Dr. Alfred K. Hills; Procidencia Uteri, by Dr. Throop; Scarlatina, by Dr. Pearsall; Small-pox, by Dr. J. F. Miller; Case from Practice, by Dr. William Wright; Report of New York Homœopathic Medical College, by Dr. Dowling; Statistics of the Medical Profession in the United States, by Dr. H. M. Paine; Statement of Dryden Springs Sanitary Home, by Dr. H. M. Paine; Vaccination, by Dr. F. L. Vincent; Mammary Abscess and *Phytolacca decandra*, by Dr. C. H. Carpenter.

Dr. Jones moved that the reports of the dispensaries be referred to the Publishing Committee, except that of the Hahnemann Hospital. Adopted.

Dr. Wright moved that Dr. Seeger read the report of the Hahnemann Hospital. Adopted.

Dr. F. Seeger, Medical Director of the Hahnemann Hospital, of New York City, addressed the Society, giving a brief history of this institution. Dr. Seeger stated that the architect had sent a communication to the Board of Trustees to the effect that the plans and specifications have been completed. The plan is that agreed upon by all authorities, foreign and American, as being the best for adoption in erecting hospitals. This plan is what is termed the Pavilion system. The new Hahnemann Hospital building will consist of a large, central administrative building,

and of pavilions or wings. The central building has a front of fifty feet and a depth of sixty. The pavilions are one hundred feet long, twenty-seven wide, and fifteen in height. The newest and most approved discoveries in the science of hospital construction, ventilation, and heating have been embodied in the new building, and the building will undoubtedly be one of the finest on the continent, as well as in the Old World. The hospitals of this country really are far ahead of those in the Old World. The building will cost about \$250,000, and will readily accommodate 200 patients, allowing each patient 1300 cubic feet of air. The architect is Mr. George Hathorne. The Medical Board consists of Drs. F. Seeger, William Tod Helmuth, F. W. Hunt, B. F. Bowers, C. E. Blumenthal, Lewis Hallock, A. P. Throop, S. Lilienthal, and others. William Hiram Calkins is President.

The report of the Albany City Dispensary was called for and read by Dr. Parmelee. Accepted.

The following is a summary of the above report for the quarter ending July 1st, 1871:

During the quarter there were 2738 prescriptions made, to 853 patients. Of these 1768 were made at the Dispensary, and 968 as visits at the house of the sick, showing a large increase over last year's report for the same time, and making the number of prescriptions made at this institution up to July 1, 23,567. Although the number of distinct diseases has been unusually large, amounting to 126, but 10 deaths have occurred, and those from causes generally fatal. The dental department has also contributed its share, having extracted 60 teeth from 41 different patients.

The report of the Surgical Department of the Dispensary called forth remarks relative to external and internal remedies.

Several gentlemen then gave their experience in individual cases.

Dr. Holden, in answer to the query of the use of lint in the treatment of burns, had, before going into the army, used with a great deal of favor lime-water ointment, but an artillery man badly burned was treated with lint saturated with lime-water. Lint was used in the hospital instead of cotton.

Dr. Wright related the history and treatment of several clinical cases.

Dr. T. Franklin Smith used "cosmoline," which is being introduced by a gentleman from Philadelphia, with great success.

The reading of the paper on Iodoform, by B. F. Underwood, of Brooklyn, was called for, accepted, and referred.

Moved and seconded that the Society adjourn at 2 P.M. Adopted.

The case of "Procidentia Uteri," by Dr. A. P. Throop, was called for. The paper was read, accepted, and referred.

Moved and seconded that the paper entitled "A Case of Scarlatina," by Dr. S. J. Pearsall; be read, accepted, and referred.

A case of measles was then related by Dr. Holden, in which *Capsicum* promptly produced relief.

The reading of the "Report of the New York Homœopathic College" by Dr. J. W. Dowling was called for, read, accepted, and referred.

The following statistics of the medical profession in the United States, by H. M. Paine, M.D., were then read.

Dr. Paine called attention to a statement, published by Dr. J. M. Toner, in the *Boston Medical and Surgical Journal*, in which the number of physicians in the United States are classified as follows: Allopathic 39,070; Homœopathic, 2961; Hydropathic, 133; Eclectic, 2860; Miscellaneous, 4774. This gives a ratio of 16.8 physicians to one homœopathic in the whole number, and 13.1 allopathic to one homœopathic. This also gives one allopathic to every thousand of the population, and one homœopathic to thirteen thousand.

There is evidently an error in these figures with regard to several portions of this country.

In this State the ratio of homœopathic physicians to the population, as indicated by the recent census, is one to about fifty-six hundred. In Massachusetts, one to fifty-five hundred. In New Jersey, one to six thousand. It is probable that this proportion is nearly the same, or even showing even a larger percentage of homœopathists, in all the Northern States. The report published by Dr. Toner is based on information gathered by Dr. Van Aernam, late Commissioner of Pensions, last December. The Doctor desired to ascertain the relative proportion of homœopathic to allopathic physicians in this country. He issued an order to the officers of the Internal Revenue Department, requiring them to report the number of physicians who were to pay a license tax the following April. Early in January he obtained the results stated in the report by Dr. Toner. As this report was instituted by allopathic physicians and in the interests of the allopathic school, it is evident that the result is made to appear very favorable to their school and damaging to the homœopathic, hence should be taken with a great degree of allowance. In the States already mentioned, viz., New York, Massachusetts, and New Jersey, there are more than twice as many homœopathic physicians as are stated by Dr. Toner, being one to less than 6000 of the population. It is quite probable that this proportion maintains in other States, and that the relative number of homœopathic to allopathic physicians is one of the former to five or six of the latter. With regard to the relative representative status of the two schools they are nearly equal. Regarding the two national organizations, the homœopathic is the oldest, and has the largest list of members. There are nearly as many homœopathic State, county, and local societies in full tide of successful experiment, as there are allopathic. There is in this State a Lunatic Asylum, for the erection of which, an appropriation of \$150,000 has been made. We have also seven hospitals, twelve dispensaries, and one lying-in hospital.

In other States, a large number of public institutions have been established, and it is fair to presume that our standing in this respect is rapidly approaching that heretofore claimed alone for the allopathic school.

It is also well, in this connection, to observe the ratio of increase of homœopathic to allopathic physicians, and the relative increase of each to that of the population during the past few years. In the city of Philadelphia, during a period of twenty-seven years, the number of homœopathic physicians has increased over seven-fold, while that of allopathic physicians has actually decreased ten per cent. During the same period, the increase of population was three-fold.

In the city of Albany the membership of the Homœopathic Medical Society has increased, during the past seven years, two and a half times, while that of the allopathic society has been ten per cent. The increase of population during the same period was eleven per cent.

In view of these facts and figures, and of large numbers of others of similar import, the signs of the premature decay of the Homœopathic system are somewhat obscure, while the evidences of the waning prestige and influence of the allopathic school are abundant and conclusive.

Dr. Seeger offered the following resolution :

Resolved, That the paper of Dr. Paine be referred to a committee of three for completion, to report at next meeting.

Adopted; and Drs. H. M. Paine, Pratt, and Jones appointed.

• Dr. H. D. Paine offered the following resolution, in reference to the case of Dr. T. Franklin Smith :

Resolved, That the officers of this Society be authorized to sign the application of Dr. T. Franklin Smith to the Commissioner of Pensions, for reappointment as Examining Surgeon for Pensions, and represent to the Commissioner that it is the request and desire of this Society that Dr. Smith's petition should be granted, deeming it to be a simple act of justice.

Dr. King, of Wilton, was introduced and requested to exhibit an instrument for the treatment of diseases peculiar to females.

Dr. H. M. Paine stated that he had been requested to announce that the institution known as "The Dryden Springs Sanitary Home," at Dryden, Tompkins County, N. Y., will be placed more fully under homœopathic auspices. It is proposed to make it not only an institution for the treatment of diseases such as require the advantages to be obtained only in a well-appointed institution, but also a school for the more thorough training and education of nurses. A picnic is to be given to the friends of the institution, on August 25th, to which the homœopathic profession are cordially invited.

Moved and seconded that the Society do now adjourn, until 3 P.M., for the purpose of accepting the invitation of the physicians of Saratoga to a drive to the lake.

AFTERNOON SESSION.

The Society reassembled at three o'clock; was called to order by the Vice-President, Dr. T. F. Smith, and after the transaction of unimportant business, accepted the invitation of the resident homœopathic physicians to a ride to Saratoga Lake and a sail down the lake in a small steamer.

A large number of the members present, with their ladies, enjoyed this delightful excursion.

EVENING SESSION.

In the evening Dr. A. M. Holden, of Glen's Falls, delivered an interesting and historical address, entitled, "The Follies and Fallacies of the Medical Profession."

At the conclusion of the address, Dr. Seeger moved that the thanks of the Society be tendered to Dr. Holden. Adopted.

Dr. Wright offered the following resolution :

Resolved, That the report of provings of any drug not accompanied by a statement of the age, sex, state of health, and constituted temperament of the prover, must be regarded as exceedingly defective in one of the most essential elements of a true proving; that which carries conviction to the intelligent mind of those who read the record.

And Dr. H. M. Paine the following :

Resolved, That we view with distrust, as liable to bring discredit and ridicule upon the medical profession, the provings of non-medical and inert substances, and hereby respectfully protest against the publication in the Transactions of the American Institute of Homœopathy of a paper by Dr. Samuel Swan, presented and read at its late meeting held in the city of Philadelphia.

Dr. Wright, in supporting his resolution, said that he had entered his protest here to-day against a disgrace to Homœopathy; that we want no more provers with broken-down constitutions and not a single healthy fibre in their whole bodies. Yet such provers and their symptoms are palmed off upon us every day. He had felt much in this respect, as he had had some opportunity of examining provers, and had known in some instances of feeble, sickly persons, attempting to prove drugs, and of their symptoms having been accepted. He could not accept provings unless he could be sure of the health and temperament of the prover. Neither could he see any virtue in trying to extort from such a substance as skim-milk medical properties.

Dr. H. M. Paine, in support of his resolution, said, if it does not require patience to put up with such consummate folly nothing does. The whole realm of the vegetable and mineral kingdoms is filled with medicinal substances of positive worth. Why not prove these instead of subjecting our whole school to the ridicule of all sensible people? Dr. Swan may be honest, but he certainly is laboring under a delusion when he offers us such provings. We cannot too earnestly deprecate the tendency of some persons to indulge in vagaries which bring reproach upon Homœopathy and retard the progress of medical science.

After some further discussion, both resolutions were unanimously adopted.

A resolution thanking Drs. Pearsall, Clements, and Allen, for their hospitality, was offered and passed.

A resolution of thanks was passed to the Rev. Dr. King and to the Young Men's Christian Association for the use of their rooms.

Dr. H. M. Paine stated that at the last annual meeting of the Society a delegation had been appointed to visit Washington, in connection with similar delegations appointed by other State medical societies, to procure the removal of the late Commissioner Van Aernam. The members of the delegation from this State had performed the duty assigned them, and through their efforts and those of the combined delegations, and through the influence of many personal friends, the threatened danger to our chosen method of practice had been averted, and the insult to and serious injury of the Homœopathic system, intended by allopathists, had been successfully thrust aside. He thought it would appear proper that an expression of our gratitude to the National Government and of our appreciation of this signal act of justice should be made. He would therefore move that a committee be appointed to prepare and present to the proper authorities a suitable testimonial at as early a day as practicable.

Drs. William Wright, W. H. Watson, and H. M. Paine were appointed such committee.

Dr. Seeger stated that the progress in the building of the Hahnemann Hospital was such that the corner-stone of the institution would be laid in the course of a few weeks. He thought the event would be one of much interest to the homœopathic profession in this State, and would therefore move that a committee be selected with power to appoint delegates, consisting of at least two homœopathic physicians from each county, to participate in the ceremonies attending the occasion.

Drs. Seeger, H. M. Paine, and Lawrence were appointed.

Dr. Paine called attention to the progress being made in the building of the new State Insane Asylum, at Middletown, Orange County.

More than fifty workmen are now engaged in laying the foundation. The corner-stone of this, the first Homœopathic lunatic asylum in the world, will also soon be laid. He moved that the committee to appoint delegates to be present on the occasion of the laying of the corner-stone of the Hahnemann Hospital be authorized to appoint similar delegations to attend the ceremonies connected with the laying of the corner-stone of the Insane Asylum.

Dr. Lawrence, in seconding Dr. Paine's motion, stated that the homœopathic practitioners in Orange County were deeply interested in the success of this institution, and were disposed to render the enterprise all the encouragement and material aid in their power. He hoped that members of the profession from all parts of the State would be present on the occasion of laying the corner-stone of the Asylum.

The motion was adopted.

The Secretary presented and read letters he had received from the secretaries of medical societies of the States of New Jersey, Ohio, and Pennsylvania.

H. M. PAINE,
Recording Secretary.

HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE, AND MONTGOMERY COUNTIES, PENNA.

REPORTED BY TRIMBLE PRATT, M.D., SECRETARY.

THE Society met July 4th, 1871, at the office of Dr. Scott, of Coatesville.

The subject for discussion, as proposed at the last meeting, was *Cholera Infantum*, but no paper on that subject was presented.

The subject of the treatment of *Intermittent Fever* was first taken up for discussion, several therapeutic hints being given in addition to those presented at the last meeting of the Society.

Dr. MAHLON PRESTON, of Norristown, stated that he cured a major part of his cases with *Ignatia* and *Nux vomica*. The symptoms indicative of *Ignatia* are: Chill relieved by heat, thirst only before and during the chill. He had also used with success, in two cases, *Eucalyptus globulus*, the indicative symptoms being: Chill occurring twice a day, with fever following each chill; pain in the chest, and cough.

The next subject discussed was the treatment of *Worms*, with special reference to the treatment of *Ascarides*. The following treatment was recommended:

Dr. MAHLON PRESTON used *Lycopodium* when the symptoms were aggravated from 4 to 8 o'clock, P.M. He also used very frequently *Calcarea carb.* and *Silicia*.

Dr. R. C. SMEDLEY recommended, in cases where ascarides crawled out of the rectum, an application of *Santonine* ointment, together with the internal administration of that drug. He had likewise successfully used injections of *Aconite*.

Dr. JAS. B. WOOD recommended injections of *Corrosive sublimate*, in the proportion of 1 gr. to 12 oz. of water.

Cholera Infantum and other relaxed conditions of the bowels were then discussed.

Dr. M. PRESTON spoke of *Jatropha curcas* as of especial use in morning diarrhœa with pain and rumbling in the bowels; the discharges profuse, but not occurring after noon.

Dr. COATES PRESTON mentioned *Rumex crispus* as a valuable remedy for morning diarrhœa.

Drs. Scott, C. Preston, Jones, Smedley, and Wood, all agreed that when children became sick in their second summer it is best to wean them, and that they generally improve after it.

Dr. J. B. WOOD related a case, in which the usual remedies failing to cure a sick child, which had always been colicky, beneficial effects promptly followed abstinence from the mother's milk.

Dr. COATES PRESTON recommended goat's milk as superior to any other for children suffering from cholera infantum.

The following remedies were recommended as efficacious in this affection: Bell., Agaricus, Kali brom. (this having a powerful action on the brain), Ars., Verat. alb., Cham., Acon., Ipec., Nux mos. (drowsiness, and symptoms worse from 4 to 8 P.M.), Iris, Mag. carb., Podoph., Merc. sol.

Dr. TRIMBLE PRATT related the particulars of a case of chronic diarrhœa, occurring in an old lady, in whose family the affection is hereditary, and which was relieved very promptly by *Natrum sulphuricum*. The following are the symptoms as given by the patient: The attacks of diarrhœa come on suddenly, and the stools are almost always scanty, somewhat slimy, and of a light red color; sometimes bloody; forcible and sudden; sometimes offensive, and at others not. The movements are frequent, and occasionally involuntary stool occurs while passing flatus or urine, or during sleep. The discharges are attended with pain. . . Aggravation from eating vegetables, fruit, or pastry; from 2 to 3 A.M. to 2 P.M., in a warm room; in winter; when taking cold; at night; from cold food or drink; after eating; in damp weather; from exercise. Pains relieved by lying down, and from passing flatus. She cannot bear her clothing tight about the waist. The pain is of a "dead, heavy" character, and goes through from the abdomen to the back. She has much wind in the bowels, and sickness at the stomach. Appetite very poor, and much thirst. Is inclined to be chilly. Has burning in abdomen accompanying the pain. Does not sleep well at nights. After an attack she feels very tired, and "sore across the bowels, sides, and back." She is very weak. *She has a disgust for bread, of which she was formerly fond*; is subject to rheumatism; and has had, at times, a discharge from the left ear, of a yellow color.

This patient had been treated allopathically by several physicians, for a long time, without benefit. Before giving *Natr. sulph.*, I had prescribed *Rhus tox.*, Sulphur, and Arsenicum, with but slight benefit. I used *Natrum sulph.* in the seventh decimal preparation, that being the highest I had.

Dr. R. C. SMEDLEY reported a case of chronic *Otorrhœa* cured by *Nitric acid*. He likewise stated for the symptom, sensation of hollowness in the head, he had prescribed *Pimpinella* with curative results.

Dr. J. B. WOOD reported that he had had lately several cases of *diarrhœa*, with tenderness of the bowels, followed by symptoms of pneumonia and fever, mucous expectoration which is tough and stringy, headache, tenderness over the lungs, cough, lower part of the lungs hepatized, stools yellow. He had used the following medicines: *Verat.*, *Acon.*, *Bell.*, *Ars.*, *Bry.*, *Ant. t.*, *Ipec.*, *Lyc.*, and *Kali bich.*

Dr. COATES PRESTON related a case of *chronic bronchitis*, with stringy expectoration, cured by *Kali bich.*

Dr. I. D. JOHNSTON reported a case of the same disease in which the expectoration was likewise stringy, and the patient would experience a sensation as if he would choke, on lying down. Cured by *Kali bich.*

Dr. MAHLON PRESTON gave an account of two cases of *hemorrhoids* of five years' standing, occurring in an old man, and which were cured by *Collinsonia can.* There were tenderness, soreness, and stinging in the anus, and sore feeling likewise in the nates.

The Society then adjourned. The subject for discussion at the next meeting will be *Uterine Displacements*.

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“THE REJECTED ADDRESS.”—A REVIEW.

THROUGH the courtesy of a friend, I have been permitted to read the address of Dr. Wilson, delivered at the last meeting of the American Institute of Homœopathy. Although excluded from publication with the transactions of that society, by a very decided vote, the Doctor has, nevertheless, thought proper to publish it himself. This he professes to have done for the purpose of correcting misunderstandings at the time of its delivery. The cause of this misapprehension, as insinuated through an extract prefatory to the printed address, is not very complimentary to his audience. As I was not privileged to be one of them, my personal pride need not be offended; but still I can scarcely divest myself of misgivings that, had I been present, I should have been as stupid and inappreciative as the rest.

It is not my present intention to review at great length the address of Dr. Wilson—for in the first place I do not think it is worth the trouble—and secondly, if it were, I do not know that I am the proper person to do it. In taking up my pen it was rather my purpose, as a member of the Institute, absent through the force of circumstances, to offer my earnest and solemn protest, which I

could not do at the instant, against so gross an impropriety as to seize upon such an occasion for disseminating the crude doctrines of a self-styled, arrogant philosophy—to embarrass homœopathy with a side issue wholly irrelevant, and to insult a class of men for the most part highly educated and intelligent, many of whom have ever been amongst our best friends.

There are, however, some points in the Address which I cannot avoid noticing, and this shall be done as briefly as possible.

And first, the Doctor's idea of the origin of the soul of man seems to be peculiar. It is a something picked up by the way in man's progress from his mineral origin upward—a pre-historic account of which he supplies—aided, perhaps by inspiration, according to his peculiar view of that gift. When our race had found out their power to control, to some extent, the objects around them to their own advantage, they became elated and despised material nature, including their own bodies, and sought to establish their superiority by *assuming* a principle existing within them distinct from matter, and which they proclaimed to be an immortal soul. The Doctor does not tell us whether they were right or wrong in this assumption, and we suppose inductive philosophy has not yet been able to demonstrate its truth or falsehood.

Dr. Wilson's views of Deity seem equally strange. It seems also to have sprung into being by the way. According to his theory it was thuswise. When man looked upon the objects around him, he saw (with more perspicuity than the modern inductive philosopher), evident traces of intelligence and design in their formation, and more wisely than is now sometimes done, assumed the existence of an intelligent agent as their creator, whom he called god. From anything we are told to the contrary, this may have been an imaginary deity, such as the nymphs and naiads of the classic nations of antiquity—a deity elevated by the popular will and subject to the people

as to his continuance in office—the same, perhaps, which a *reverend* gentleman, a clergyman of “advanced thought,” probably excepted from the denunciations of the address, lately threatened to consign to limbo. But what a contrast between Dr. Wilson’s conception of deity and that of the illustrious and spotless patriot of the Hebrews: “Before the mountains were brought forth or even thou hadst formed the earth and the world, even from everlasting to everlasting, thou art God.”

We do not wish to misrepresent Dr. Wilson, and think we do not, but, like the cuttle-fish, he often surrounds himself with so dark a medium that it is very difficult to see exactly where he is. Hence, perhaps, in part at least, may have arisen the misconceptions of his auditors and the press, of which he complains.

It seems to be the design of Dr. Wilson, in common with the school of philosophers he would represent, first to unsettle confidence in revelation, and then, secondly, to procure the acceptance of the teachings of Darwin and others of his class in its stead. He does not *deny* revelation; he only *ignores* its teachings as *authoritative*. According to his view, when man had enthroned a deity, set up an oracle, he looked for a communication of his will, and inspiration came at his bidding, it would seem. He is, however, careful not to define the term. The Koran, he tells us, was written under its influence—the Zend-Avesta—the Shasta—the works of Confucius—the Bible of the Christian. Possibly too, his unbounded charity would include even the Book of Mormon, and perchance the Address delivered upon the evening of the 6th of June, in the Academy of Music, city of Philadelphia. The latter bears about as much internal evidence of it as some of the others named.

If all those books be the products of inspiration, using that word in its ordinary, true, and not figurative sense, they then must contain a revelation from God to man. But as they notoriously teach different and conflicting

doctrines, it follows that revelation is about as reliable as the heathen oracles, and hence its authority at once falls to the ground.

If then revelation be shown to be contradictory, and of course fallible, if it may be right or may be wrong in its teachings, why may we not accept other doctrines when we suspect its truth in regard to any particular statement. If, for instance, we are in doubt as to the truth of what we have been taught to believe the revealed account of the creation of man, why may we not accept the illogical conclusions of Mr. Darwin upon the same subject, unproven as they are admitted to be even by their advocates? This uncertainty about the truth of the teachings of revelation once produced in the mind, especially of the young, these self-styled philosophers are not slow to select the vulnerable point to infuse their deadly moral poison. On the other hand, if our faith remain unshaken, we are proof against all assaults from that or any quarter. This the advocates of the so-called inductive philosophy perfectly understand.

It was but the other day, as I sat in my porch, my attention was directed by my little grandson to a wasp, apparently strong and athletic, which had just fallen into the toils of a small, and in appearance, insignificant spider. The wasp struggled with violence to extricate itself, brushing off and rolling up the cobweb into the form of a ball, while the spider, avoiding its antagonist of superior strength, busied itself in throwing its cords around the limbs of the wasp, and then attaching them to a board just above. While the wasp retained its strength these were readily brushed away, and it was at one time freed except a wing and a leg. The spider, for a moment, seemed to be at its wit's end, afraid to come within reach of an insect of so much greater power, and clad in an impenetrable coat of mail. The wasp had been from the beginning constantly endeavoring to transfix his assailant with his sting. In this attempt it thrust out, beyond their

protective covering, the tender muscles bearing the sting. The spider seemed to observe this, and warily approaching behind, inserted its venom into this vulnerable point. The wasp almost instantly succumbed, and became an easy prey. I leave the reader to construct the moral to the incident I have related.

On page 14 of Dr. Wilson's published Address he has the following remarkable paragraph, which we transcribe, as all our readers may not have access to his pamphlet:

"Heretofore, a body of men under the guise of theology, and under the assumed sanction of divine authority, have been our lawgivers and judges. But now another class of men, under the banner of Science, and by the authority of inductive reason, claim our attention and confidence. These men assume jurisdiction over these very questions, and demand that their settlement shall be in accordance with no professed inspiration from any quarter; in accordance with no metaphysical subtleties of any sort or kind; but by the stern logic of induction."

Doubtless conscious that this must have sounded very strangely in the ears of a Christian audience, the Doctor, in a foot-note, attempts to shelter himself from the charge of a denial of the authority of revelation, under a miserable quibble. "Pure scientific investigation," says he in the note, "necessarily includes (excludes?) everything but scientific truths. It can no more make use of inspirational truths,* than can mathematics make use of music or poetry. The statement, therefore, represents a simple fact, about which no more controversy can be held than about the multiplication table."

The statement does, it is true, represent a *simple fact*, and if there be any meaning at all in the Doctor's words, it is this: Inductive philosophy, an honorable name recently appropriated to herself by infidelity, just as a scamp

* Dr. Wilson admits the existence of inspirational *truths*. Suppose they differ from scientific truths, as he indirectly intimates they may, which will he accept?

sometimes assumes that of an honest man when he becomes too well known under his own, inductive philosophy seeks to exclude revelation and its legitimate daughter, the *science* of Theology, as truly a science as any other, having its own especial objects of research, from all participation in the investigation of truth, and with singular arrogance claims the right to investigate as its own prerogative.

Revelation, in its true sense, not perhaps as Dr. Wilson represents it, never shrunk from the test of inductive reasoning fairly conducted. She has, behind the impregnable defence of her internal and external evidence, from age to age withstood all the assaults that her enemies have been able to make upon her from that quarter, and still stands unscathed. But infidelity, so often foiled in her direct attacks, has changed her tactics. She now attempts to flank the batteries she was unable to take by storm. She modestly *ignores* the claims of revelation which she could not *refute*, begs the question in dispute, and assumes to herself *entire and exclusive jurisdiction* over all subjects of investigation, rules out of court all testimony upon the other side,—even God himself is virtually told that he need not speak for he cannot be heard,—and modestly attempts to dictate upon questions entirely beyond the reach of unassisted human reason ;—with what success we will see before we close our remarks.

The dissociation which Dr. Wilson here makes between so-called scientific truths and revealed truths, is utterly without foundation. Truth is truth, no matter by what process discovered ; and all truths harmonize ; one never contradicts the other, even though they may be derived from very different sources. Some can be discovered by our natural faculties ; others cannot, in our present state at least. If the claim of revelation be set up on behalf of any statement or declaration, true philosophy first inquires if God has really spoken, and if so, what he has said ; and if satisfied upon these points, accepts his dec-

laration upon the self-evident axiom that a "God of truth cannot lie," and uses it as she would any other truth. She may even employ it as an axiom or demonstrated proposition in any further researches to which it may be applicable. In a word, if revelation be true, all conclusions of human reasoning to the contrary must be false, however specious, no matter where the flaw may be.

We shall make but a passing remark upon what Dr. Wilson has said about discrepancy of opinion amongst the believers in revelation as to the actual time occupied in creation, and upon the subject of the resurrection of the body. In regard to the former, although the Hebrew word "yom," according to Gesenius, Buxtorff, and others, is equivalent to the English word "day," yet considering the genius of that language, and its highly figurative character, indefinite periods may nevertheless have been intended. Besides, inductive philosophy, reasoning from geological data, may be mistaken. Every one knows how easy it is to misinterpret facts, when the knowledge of concomitant circumstances is wanting. It is but lately we are told, upon apparently good authority, that in the recent attempts to dredge the bottom of the ocean, certain formations are found to be now progressing contemporaneously which geology had supposed to be separated by very long indefinite periods.

As regards the resurrection of the body, it is purely a doctrine of revelation. Neither inductive philosophy, nor any philosophy whatever, discovered it or could ever have discovered it. Had we no more certain knowledge upon the subject than such as we could derive from that source, we might well ask, in despair of receiving a satisfactory answer,

"But when shall spring visit the mouldering urn,
Oh, when shall day dawn on the night of the grave?"

Beyond the research of reason as it is, it is not wonderful that speculations upon it should differ. The quibble

raised, however, by science (falsely so called) upon the identity of the resurrected body, is simply puerile and absurd. Who doubts that he is the *same*, body and soul, that he was in youth or childhood, although we who are advanced in life must have often changed the material of which our bodies are composed. The varying and conflicting speculative opinions entertained upon these points cannot possibly disprove the truth of these doctrines, nor, as seem to be the purpose for which they are here paraded, in the least invalidate the *truth* and *reliability* of revelation.

But to bring our remarks to a close, and they have already been extended much beyond what we at first designed, Dr. Wilson set out with a formal statement of three most important questions concerning the origin, present character, and future condition of man, which we were led to expect he would answer through the aid of his inductive philosophy, in a manner so satisfactory as to put them forever at rest. In this, however, he confessedly and most signally fails. His whole effort consists in an attempt to ignore and therefore invalidate the teachings of revelation on these important questions. He admits, and one would think with shame and confusion of face, that his philosophy cannot tell when the human race began to exist, and confesses equal ignorance of man's destiny beyond the grave. As to the *manner* of his origin, he makes out to tell us that he comes to his present state of perfection through a long series of developments, beginning with the unorganized mineral. How the primitive mineral came into being, "deponent saith not," or what power first put the process of development in motion he omits to tell us. These are questions, it would seem, too difficult for young inductive philosophy at present to answer; perhaps when she grows older and bolder she may not shrink from the attempt. His theory of development is that of Darwin, who constructed it upon a long series of facts observed, and some, no doubt,

imagined too; all of which, so far as real, fully harmonize or are at least equally reconcilable with the Mosaic account of creation.

As to the present condition of man, he is, according to Dr. Wilson, on a level with the brute; and if he has no immortality to expect, we suppose he may at least enjoy the prospect of the epicurean philosopher, "let us eat and drink, for to-morrow we die." But enough of this.

Within certain limits we admire the spirit of inquiry that characterizes the present age. But are we to regard every question as yet unsettled? Have we as yet no certain knowledge? Are we to abandon what we believe to be the authentic teachings of revelation, for the rash inferences of an impudent, self-styled philosophy, often drawn from false, uncertain, or *misinterpreted* facts? Is it a thing impossible, or even improbable, that a revelation should be made to man? And if made by a being whose very essence is truth, should we expect it to be a mere hoax, to be laughed at and ignored by astute men, and accepted only by dupes and fools?

No! certainly not. These men themselves know better; but they have an object to accomplish. They perfectly understand what they are doing. They know that if revelation, whose claims have satisfied the profoundest minds that have ever adorned the earth, can once be made to appear unreliable, God, its author, will soon be regarded as equally so, his very existence doubted, and soon utterly denied. Moral obligation then must end; virtue must cease to be virtue, crime to be crime, and moral darkness again brood over a chaotic world.

But let us not take so dark a view of the subject. It is true Dr. Wilson sounds his trumpet and notifies us that the hosts are marshalling for war. We know it, for we see it. And if we did not see it, it would not take us by surprise, for unmistakable prophecies foretell it; and these very men who are calling in question the authen-

ticity of revelation are unwittingly proving its truth by converting its prophecies into history.

We believe, as Dr. Wilson intimates, that the contest will thicken. As to the final result, however, we have never entertained a doubt. J. H. M.

SENEGA IN PARESIS OF THE OCULO-MOTOR NERVE.

BY T. F. ALLEN, M.D.,

Surgeon to the New York Ophthalmic Hospital.

I HAVE viewed Senega in a comparatively new light since August, 1867, when a gentleman from Indiana consulted me at the Ophthalmic Hospital about his eyes. He was thirty-three years old, slender, and had led a sedentary life. Four years previous to that time he began to find a weakness about his eyes, a difficulty in seeing clearly, and his lids were inclined to droop. He was frequently obliged to pull them open with his fingers; then he began to see double. At first the right image was obliquely above the real one. He was not strong generally, but still not sick enough to complain. He then gave his eyes rest from reading, took good care of his general health, and improved somewhat. He continued better, with frequent relapses, till this summer (1867), when he "did" Mammoth Cave. His double vision returned much worse than before, and persisted for several weeks, till he saw me. He walked into the room with his head thrown backward (occasionally shutting his left eye and holding his head straight). This position of the head he said relieved the confusion of vision which he experienced with his head in a natural position and eyes open. He complained of seeing double, and that this defect made his gait uncertain, since he was liable to make missteps on account of being confused as to the height of a step, or, indeed, whether or not there was any step at all. I gave the case a prolonged examination at my private office, and

ascertained that he had paresis of the left oculo-motor nerve, with paralysis of the superior rectus muscle. His upper lid was very weak, and fell half over the eye. Convergence was very difficult, and the position of double images established the diagnosis. Farther than this, very little was to be found. His back was weak and his general muscular power deficient, but he suffered from no pain, and felt generally well. He was subject to "bilious headaches," but had not been very sick at any time. There seemed very little clue to a remedy except the way in which he carried his head (of course he carried his head so with such a trouble). I found in the antipsoric part of Boenninghausen's Repertory, "vision, relieved by bending the head backward, *Senega*;" and in the proving as recorded in the Archiv, I found this symptom: "On walking toward the setting sun, another smaller sun seemed to float beneath it. On turning the eye outward, it changed into a compressed oval. On bending the head backward, or closing the eyes, it disappeared." The explanation of this symptom is not clear to my mind even yet; but bending the head backward relieved double vision, and, besides, I found that *Senega* produced "weakness on reading, with lachrymation on long exertion." "Vision becomes dim and flickering on reading; compels one to frequently wipe the eye, which aggravates." "Flickering and weakness on continued reading or writing." "Flickering on reading; the letters run together." All of which might depend upon a muscular asthenopia. In *Senega*, the "pupils are contracted and sluggish," which was not the case with my patient. This symptom, of two suns, is given in Jahr's Symptomen Codex; but Currie leaves it out of the English edition; and Hüll, in following (as it seems) Currie rather than Jahr, does not give it.* I prescribed *Senega*²⁰⁰, a dose every twenty-four hours,

* I hope we will have a *complete and compact Handbook of Materia Medica* soon; it is needed.

till some effect was perceived. Improvement began at once, and in a few days the double vision had nearly disappeared. I gave him some powders to take home with him as a reserve. In about a month I received a letter stating that he had been working hard in the office, and that his eyes were beginning to trouble him as before. I sent by mistake *Stramonium*, but he sent me word in a few days that "that was not the same medicine at all, for it did not act like the other." I then sent *Senega*, which set him right. This summer he came to see me, and stated that he had been improving in general vigor for these past four years, and had no more "bilious" headaches.

Senega formerly enjoyed a high reputation in various troubles of the eye, especially for organic diseases, but of late we hear little of it. The pathogenesis is marked on the eye, and I have used it with great satisfaction in blepharitis and catarrh of the conjunctiva (when indicated); but this is the only instance of cure of a paralysis by it that I know of.

REMARKS ON THE COCCYX.

BY C. HERING, M.D.

OUR colleague, Dr. Searle, has taken great pains in "digging up" from our scattered *Materia Medica* all the symptoms he could find pertaining to the coccyx; in fact he gave such a good little monograph of Coccyodynia that our venerable *British Quarterly* reprinted it. It is to be hoped that all who have had any experience in treating this troublesome disease will make known by what indications they have succeeded in making cures.

Schönlein once remarked, in his clinical communications to his students, that all organs or parts lying in the middle line of the body were often the seat of peculiarly difficult diseases. He spoke of some affection of the small abdominal muscle named *pyramidalis*.

The xiphoid process on the sternum, and the coccyx on the sacrum, belong to the same class, and are often the seat of similar complaints and injuries.

We are frequently called upon to treat affections of the coccyx, either for pains called neuralgic, which may be of a rheumatic, gouty, or other kind, or for injuries received, or eruptions appearing on that part of the body. In the first case most, in the second nearly all, sufferers are girls or women. In the latter case, principally males are affected. The *neuralgias* observed, have very rarely been of a "fugitive" character. They mostly had lasted for years. The cure has no difficulties if the right medicine can be found, and there is no case remembered but was cured; the higher preparations acting more radically. An analysis of the sensations is given below. If nothing similar is to be found under *coccyx*, the sacral pains are to be compared particularly where the other symptoms indicate another medicine, by constitutional characteristics.

Injuries are most common. A fall, either in coming down in a sitting posture on the ground, particularly on the ice or hard pavement, or on the sharp edge or border of a prominent body, is the most frequent mode of injury. All cases that came under the notice of several physicians, during many years' practice, occurred in women. If seen soon after the accident, the cases are curable in a short time. In all cases where the sufferings last over three days, an examination should be insisted upon, as every neglect of mechanical treatment, where it is required, makes the case chronic and very difficult to treat. The chronic consequences of a fall are either a malposition of the coccyx sideways (rarely observed), backward, or forward. The latter is the most common. In a case where this malposition was very troublesome, it was removed by the next parturition; whether with or without the aid of her particular doctor, who had been informed of the malposition, could not be ascertained. The very

learned name for this is coccygexarthrosis. It will be found advisable to carefully treat such patients beforehand for three or four months, with antipsoric remedies, particularly *Calcareo phosphorica* or *Phosphoric acid*, if any violent measures are required for the reposition.

There are cases where, either soon after the injury or later, the coccyx remains movable, with more or less pain, with or without crepitation. The symptoms will in such a case indicate what remedy should be given. A position least hurtful should be assumed. In cases of crepitation we found *Calc. phos.* of use. In cases of periodical aching *Ruta* was often indicated; also *Rhus*, *Silicea*, and *Fluoric acid*.

Eruptive complaints are very common, mostly with males; are sometimes very tormenting, but can generally be cured. In some cases, particularly with strongly built old men, the trouble can only be *lessened*, a part remaining as a safety-valve. External applications are often very injurious.

To the list of remedies given by Dr. Searle, we may add as more or less important: *Agaricus*, *Agnus castus*, *Alumina*, *Ammon. carb.*, *Ammon. mur.*, *Angustura*, *Ant. crud.*, *Argent.*, *Arnica*, *Asafet.*, *Borax*, *Bovista*, *Calc. carb.*, *Calc. phos.*, *Carbo veg.*, *Cinchona*, *Colchicum*, *Crocus*, *Fluor. acid*, *Hepar*, *Ignatia*, *Jodium*, *Hypericum*, *Laurocerasus*, *Ledum*, *Nitric ac.*, *Plumbum*, *Rhus*, *Silicea*, *Spigel.*, *Staphis.*, *Sulphur*, and *Veratrum*.

It may be of interest to give here an extract from the chapter on Coccyodynia from the *Analytical Therapeutics* soon forthcoming.

Sore feeling as if sprained: *Lach.*, *Sulph.*; as from a blow, numb, tensive, tight, while sitting, *Platina*; as from a fall, *Crocus*, *Kali hyd.*, *Ruta*; sore and stiff while sitting, *Petroleum*; as if beaten, *Alum*, *Caust.*, *Sulph.*; with urging, *Carb. an.*; as if bruised, pressing, *Carb. an.*; burning, *Cistus*; extending to sacrum, *Ruta*.

Like an Ulcer: *Colch.*; when sitting or lying down, *Carb. an.*; hinders motion, *Phos.*

Aching: *Bell.*, *Carb. an.*, *Caustic.*, *Ignat.*, *Graph.*, *Kali hyd.*, *Lach.*, *Magnes.*, *Magnes. carb.*, *Nit. acid.*, *Petrol.*, *Phos.*, *Silicea*, *Zincum*; feels tired, *Petrol.*; from spinal marrow to coccyx, *Lactuca*; with uneasiness and stiffness, *Petrol.*

Pressing: *Cinchona*, *Hepar*, *Merc. sol.*, *Phos.*, *Phos. ac.*, *Valer.*; as if with a dull point, *Cannab.*, *Carbo veg.*; boring, digging, *Arnica*; pinching, *Calc. carb.*; pushing, *Zincum*; with bearing down, *Carb. an.*; urging, *Zincum*; cramplike squeezing, *Bellad.*; increases and decreases in sacrum, &c., *Jod.*; bubbling sensation, *Valerian.*

Drawing, tearing: *Ant. crud.*, *Arn.*, *Calc. carb.*, *Canth.*, *Carbo veg.*, *Caust.*, *Cicut.*, *Graph.*, *Magnes. carb.*, *Merc.*, *Mur. ac.*; when sitting, *Paris*, *Rhus*, *Zinc.*; dull in the evening, *Caust.*, *Graph.*; tearing, *Cicuta*; from sacrum down to coccyx and thigh, *Thuja*; along the rectum to the vagina, *Kreosot.*; relieved by pressure on abdomen, *Magnes. carb.*; sudden startling tearing, *Calc. phos.*; often repeated, *Canth.*

Shooting, lancinating: *Ammon. c.*, *Canth.*, *Colch.*, *Magnesia c.*, *Niccol.*, *Paris*, *Rhus*.

Stitches, stinging: *Agnus cast.*, *Angust.*, *Argent.*, *Colchic.*, *Phos. ac.*, *Verat.*, *Zincum*; along the sacrum to the anus, *Asafort.*; like a needle, *Rhus*; itching, *Phos. ac.*; jerking, *Carbo veg.*; while standing, *Verat.*; or sitting, *Drosera*; repeated lancinations, *Canth.*; pulsating, *Paris*; beating, *Ignat.*

Jerking, shrugging: *Calc. c.*, *Caust.*, *Cicuta*, *Cinchona*, *Carb. veg.* (*Magn.*), *Rhus*, *Sulph.*; pain in the point of the coccyx, *Alumina*,

Sudden: *Magnes.*, *Thuja*; startling, *Mur. ac.*, *Calc. phos.*; as if from the spinal marrow, *Lactuca*; extending to the back; *Mur. ac.*; as if the spine were bent back, *Magn. c.*

Rest and Motion: Cannot find a comfortable position, *Phos.*; has to shift his position, *Bell.*; cannot lie down well, not on his back, *Bell.*; can sit but a short time, *Bell.*; while sitting, aching pain, *Petrol.*, *Platina*; stitches, *Dros.*; after sitting unable to rise, *Bell.*; cannot stand straight, *Thuja*; cannot walk quickly, *Bell.*; impeded motion, *Lach.*, *Phos.*; better when rising, *Kreosot.*; when standing or walking slowly, *Bell.*

Followed by a stiff neck: *Phos.*; by milky leucorrhœa, *Kreosot.*

Heat (around coccyx below sacrum): *Agar.*, *Alum.*, *Arn.*, *Ars.*, *Borax*, *Calc. c.*, *Carbo animal.*, *Carbo veg.*, *Causiticum*, *China*, *Coleh.*, *Graph.*, *Hepar.*, *Ignat.*, *Laurocer.*, *Ledum*, *Mercur.*, *Mur. ac.*, *Phos.*, *Phos. ac.*, *Plat.*, *Rhus*, *Spigel*, *Staphis.*, *Sulphur*, *Zincum*.

Burning: *Cistus*, *Colchic.*, *Lauroc.*, *Staphis.*; corroding, *Canth.*; to the right of the coccyx, *Fluor. ac.*; and drawing up the back, *Mur. ac.*; when touched, *Carb. an.*

Itching: *Agar.*, *Alum.*; has to scratch, *Borax*, *Borista*; with burning, *Fluor. ac.*; crawling, *Borax*, *Lye.*; gnawing, *Agar.*, *Alum.*, *Gambog.*, *Kali. c.*, *Phos. ac.*; better when stretching, *Alumina*.

Oozing: *Graph.*, *Ledum*; offensive, *Nit. ac.*; getting sore, *Ledum*; scurfy, *Borax*, *Graph.*; nodules as if swollen, *Hepar*; eruptions, *Merc. sol.*

CLINICAL CASES.

BY C. FESSENDEN NICHOLS, M.D., HONOLULU, S. I.

Amenorrhœa—*Goitre*.—March 15. A native woman, æt. 40, reports *courses absent one year*; has *aborted within that time* (she thinks eight months ago); small ulcers on the os uteri; leucorrhœa yellow and thin; denies venereal disease; constant regurgitation of food,—sour, bitter;

Vomiting with aching pain in epigastrium shortly after eating; uses pills for constipation. She has a *large goitre, right side*; no sensation in goitre; occasional pains in lumbar region and nape of neck; all her pains tend to the right side. Lyc. 30th centes.

March 17. Reports after medicine, a *violent itching without eruption on abdomen* and chest; pain in abdominal and lumbar regions; *courses appeared to-day*—first pale, then clear blood; stools regular; vomiting, with other distressing symptoms relieved.

May 20. Sends word that the swelling on her neck is diminished in size.

Lycopodium in Typhoid Fever.—In a case of typhoid, with great exhaustion, nightly delirium, diarrhœa, dry racking cough, dyspnœa with blueness of lips and extremities, skin usually hot and dry, I had given Bry. low.; on thirteenth day, no eruption having appeared, I gave Lyc. 200 (Jen.) dry, one dose. In three hours, itching with sensation of heat on abdomen, after which the abundant miliary eruption with sudamina appeared above the pubes.

Lepra.—In the case of a native man pronounced a leper by the physicians of this place, Caust. 30th centes., and *Arsen. jodatum* 30th centes., restored sensation to left side and limbs, removed the more recent of the pink patches on chest, and relieved pains in the lower extremities; case treated two months, cure *not* permanent; the numbness and pains are returning. In five other cases I have used *Ars. jod.* in low potencies, once 200th, with merely temporary relief.

Syphilis—Arsen. jodat.—In secondary and tertiary syphilis, *Ars. jod.* 2x relieves the following symptoms, especially when a good deal of Merc. has been taken: Caries of the nasal bones with offensive coryza (two cases); pains in thighs and knees, worse from heat (two cases); worse from motion (numerous cases); relieved by heat

(four cases); worse at night (numerous cases); worse when still (many cases); pain in nodes on tibiæ (one case); nodes on head and tibiæ diminished in size after Ars. jod. (two cases). Many syphilitic eruptions on the head, trunk, and limbs (also congenital) removed, with general improvement in appetite and strength.

Herpes Zoster—*Rhus tox.*—May 3. A native has suffered of late from *dull pains running from lumbar region forward around both sides of abdomen*; after which an eruption appeared on left side of the abdomen immediately below false ribs; an excellent case of *herpes zoster*—large vesicles. Muscular pains in left side were worse in morning after getting up, improved after exercise; worse from damp, cold. Soon relieved by *Rhus tox.* 3x.

Laryngitis—*Lach.*, *Spong.*—June 16. Miss W. uses voice incessantly in singing last two years, *hoarseness*, sensation of *dryness* and *soreness* in throat; aggravation *after talking or singing*, constant *hawking* of yellow mucus, especially after meals, in damp weather; inclines to sweat; small red pimples, and pustules on chin, neck, and forehead; many articles of food produced nausea; membranes of throat and mouth pale, left fauces injected after singing; considerable pain in lumbar region at time of menstruation; leucorrhœa. *Lach.* 200 (Jen.) relieved all these symptoms so that she used the voice without pain or hoarseness. Feb. 18. A slight return of throat symptoms with *a cough always coming on after eating sugar*; cough dry. *Spong.* 200 (Jen.) removed these complaints, with no return to July 2d.

Neuralgia—*Calc. c.*—Mrs. A., in perfect health except that, for the last twelve years, she has been subject to *piercing, darting pains* in left ring-finger. *The joint is permanently enlarged*; she says there has been dull pain in the fingers day and night for years. When quite young was exposed to much hardship (cold, damp, hard work). Feb. 12. *Calc. c.*, 30 centes., one dose, dry. June

20. Reports disappearance of pain; the finger is nearly normal in size and shape.

Acute Rheumatism.—April 25. *Hui*, a native man, has lain on floor three days, the *pain from motion* so great that he cannot be put in bed. Pains all over, *worst in legs and back*. Heart's action rapid. Bry. 3x enabled him to be moved to bed next hour, where he slept quietly.

Exhaustion from Mental Effort—*Sepia*.—A. F., a young man, has had for the last eighteen months, *burning pain* in a fixed spot under the right nipple; *itching of external chest*; *dry cough when reflecting*. May 20. The pain is much aggravated by reading, thinking. *Rarely* seminal emissions, which, however, aggravate pains. Physical examination shows adhesions in the right chest, the result of a former pleuritis. Difficult expectoration of whitish mucus; sweats at night; cold knees at night in bed; slow digestion, especially of acids, with sensation of weight in epigastrium. *Sepia* 200 (Jen.), three doses in water, relieved pain and cough, May 22. July 1. Reports considerable improvement in mental power.

Spermatorrhœa—*Gelsem*.—J. H. has blue rings around eyes. With every act of micturition discharge of *liquor seminis* in which are seen, under microscope, a few spermatozoa. During coition, too easy erections, with discharge of semen too soon; wife is, nevertheless, pregnant. Says he has had orchitis following injections for gonorrhœa. *Gelsem*. 2x. *Discharge ceased* after third day. G. O., æt. 22, after self-abuse, nocturnal emissions without sensation; loss of memory; in the left chest, pain, burning, with dulness on percussion; raises salty lumps; diarrhœa alternately with constipation. Phos. ac., Sulph., and Con. (all 200, Jen.), brought general improvement after four months' treatment.

Menstrual Colic—*Lachesis*, *Puls*.—May 4. Miss D., 23 years old, hair and eyes light; has had much mental

anxiety. Subject to violent menstrual colic with clots of dark blood; relieved by hot cloths on abdomen. After menstruation, leucorrhœa, much hypochondriacal discouragement. Has sour eructations after a hearty meal; craving for acids; constipation for several years; uses syringe for every stool; pimples under the cuticle of the face, neck, and back; thinks she has been poisoned by vaccination; has dull pains in region of kidneys. Puls. 3x, given at time of menstruation, relieved menstrual symptoms but left other difficulties as before. May 23. Lachesis 200 (Jen.). After three weeks the stools had gradually become easier, the eruption and gastric symptoms, troubles of more recent appearance, having disappeared first. July 2. No syringe used; both mental and sexual disturbances are absent. Q. Is this the effect of Lach., or were all other symptoms secondary to disorders of the sexual function, disappearing after Puls. 3x.?

CLINICAL CASES.

TRANSLATED BY S. LILIENTHAL, M.D.

Sambucus nigra in Ileus.

A WOMAN, 30 years old, suffered and died from mis-
 ere under the usual old school treatment. Accidentally
 I conversed with a plain farmer about the death of this
 woman, when he remarked, "She might have been cured."
 To my question, "How?" he replied, "In the spring of
 the year we gather the inner green bark of the *Sambucus*,
 press the juice out of it, and give a drop from time to
 time till the patient is well again." I prepared a tincture
 in the same way, only adding some alcohol to it, in order
 to make it keep better. Three cases, after being given
 up by other physicians, owe their life to this simple rem-
 edy.—*Populare Zeitschrift*, June, 1871.

Myristica sebifera in Elephantiasis.—Dr. Turrel reports:
 B. L., a gardener, 33 years old, came to our clinic with a
 swelling of the right forearm, from which he suffered
 for four years. It hinders him from work, as he feels

then a severe pain in the index finger where he had an abscess which broke. As often as he overtakes himself, slight abscesses form on the arm and hand, which discharge. He is of sanguine temperament, good constitution, had never any other ailment, but lives in a damp dwelling. The forearm appears edematous, of a bronze color, and shining. It looks as if the epidermis was raised by a gelatinous liquid, giving it the semblance of numerous vesicles. The extensors of the hand and fingers are swollen, but not the palmar surface. The swelling is hard, resistant, and the pressure of the finger leaves no trace; sensibility is dull, and still he complains of severe contusive pains; he had frequently general chills, but no fever; appetite good, but constipated.

Our diagnosis: degeneration of the cellular tissue, caused by an osteitis of the index finger and a maltreated erysipelas. We ordered *Myristica sebifera*, 30, 24, 12, a drop of each in 150 gr. aq. dest., to take alternately a tablespoonful an hour before sleep.

March 12. Improvement; he can work better. *Myristica seb.* 24, 12, 6, to be taken in the same manner.

April 2. Better every way. Takes the medicine at longer intervals.

July 23. Considering himself cured, he stopped taking medicine, as he could do any amount of fatiguing labor. Since 15th, the forearm and hand begin to swell again, but without pains. *Myrist.* 30, 24, 12, a drop of each in 150 gr. dist. water, a tablespoonful every morning.

Oct. 1. Having not returned, the observation is still incomplete. We always considered *Myristica* one of our best remedies in panaritium, as well as in other diseases of the periosteum and of the bony tissue, and we would be thankful if our colleagues would try this remedy and report their cases.—*Bibliothèque Homœopathique*, Aug., 1871.

AURUM IN EXCESSIVE CORPULENCY.

BY GEO. H. BUTE, M.D.

ONE of the most difficult tasks for the physician probably, is to render services in cases of persons who suffer from too great corpulency, where there is a deficiency of other symptoms. A case of this sort once came within

my practice, where of four sisters (unmarried), all adipose, one was said to have died on account of too great accumulation of fat. Another, who believed herself fatally endangered, after having tried everything conceivable in vain, sought help from me. Several physicians whom she had consulted were of the opinion that there existed an enormous deposit of fat around the uterus.

Her too delicate sensitiveness, longing for the open air, weariness of life, and whining mood, left no room to doubt that *Aurum* would meet the case. She received four doses of *Aurum* 30th, a dose every two weeks, and was cured.

KEY-NOTES; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M D.

(Continued from page 71.)

CHINA.

It should be remembered of *China* that its general action *results* in a state of *asthenia*; that it produces "*exhaustion* of the vital powers of the whole organism, or of single parts, organs, and systems, accompanied by excessive sensitiveness, irritability of the nerves, or with *relaxation* of the *solids*, deficiency of animal heat, *disposition to passive hemorrhage from every orifice of the body*, and decomposition of the organic matter."

It is particularly adapted to diseases with a *periodical* type.

The above few lines give, in a general way, a very comprehensive idea of the curative range of *China*, as any one, with careful reflection, will readily perceive.

The *mental symptoms* point to sadness, gloom, discouragement, fears, and inconsolable anguish. Indifference, apathy, taciturnity. Sometimes quarrelsome, angry, and vehement. At times of a fitful mood; cheerfulness alternating with sadness. Intolerance of noise. Sometimes

one has a light and airy sensation, and ease of movement, as if unhampered with a material body.

Indisposed to perform any kind of labor. *Vertigo* on rising as if he would fall backward. Slow train of ideas, as though there was a difficulty in thinking.

Headache with sleeplessness, the mind being very active, the thoughts running on everything. Pressure on the head from within outwards, as if it would burst, particularly after loss of animal fluids. The headaches are made worse by motion, by contact, or by mental exertion. China may always be thought of in headaches caused by debilitating losses.

Sensitiveness of the scalp to the touch; it even hurts the roots of the hair to have the hair moved. Painful sensation in the scalp, as though the hair was grasped roughly by the hand. "Profuse sweat in the hair, particularly when walking in the open air."

Pressure in the *eyes* as if from drowsiness. Inflammation and itching of the eyes and of the eyelids in persons debilitated by loss of animal fluids. Dimness and weakness of sight, so that the outlines of the nearest objects are scarcely visible. Incipient *amaurosis* in persons greatly debilitated by loss of animal fluids.

Loud ringing or humming in the *ears*, particularly when the result of loss of animal fluids.

Habitual bleeding of the *nose*, especially in the morning after rising. Constant oozing of blood from the nose and mouth, resulting from great prostration. Bleeding at the nose always after blowing it. Hippocratic *countenance*, eyes surrounded with blue margins, with listlessness and apathy. Pale, sickly-looking *face*. Red, hot, bloated face in some forms of intermittent fever. *Prosopalgia* much aggravated by touch or movement. In some forms of fever the lips are dry, wrinkled, chapped, blackish, and swollen. Swelling of the submaxillary glands with painful deglutition.

Toothache is relieved by pressing the teeth together for-

cibly. Looseness of the teeth with pain during mastication; black coating of the teeth; throbbing toothache in weakly, debilitated persons.

In some forms of fever blackish and parched *tongue*. Painful, sensitive swelling of the uvula. In some forms of gastric derangement the tongue has a thick yellow coating. Cures some forms of mercurial pytalism.

Difficult *deglutition*, as from contraction of the œsophagus; the *throat* feels rough and scraped, which produces a sore and stringy sensation on swallowing.

Flat, watery *taste* during or after drinking; bitter, foul taste in the back part of the throat when drinking, which at times becomes so bad as to cause one to desist from drinking.

Food and drink taste bitter; one has an indifference to food and drinks on account of a feeling of satiety. Strong desire for dainties, or "something nice," without knowing exactly what. Very great desire for wine or sour things; this is a *strong indication* for *China*, which should be given instead. Very great *hunger*, especially at night, "desire to drink frequently, but only a little at a time." In some forms of debility, the slightest portion of food causes much pain. After a meal, fulness as if the stomach and œsophagus were filled up to the throat, *i. e.*, after a *full* and *regular* meal; also, after a meal, general malaise, weariness, languor, and desire to lie down. *Eructations* tasting of the ingesta; also much belching after a meal. *Heartburn* after every meal with flatulency; *nausea* felt in the throat-pit after a meal; vomiting of food in debilitated persons after eating.

Pressure and heaviness in the *stomach* after every meal, as if too full, or a sensation as if the food pressed upon and hurt the stomach.

Sensitiveness in the region of the *liver* to the least pressure; swelling and hardness of the liver; stitches and shooting pains in the region of the *spleen*, the pains ex-

tending lengthwise in the direction of the long axis of the spleen; swelling and hardness of the spleen.

Colic occurring at the same hour every day, usually in the afternoon, the colic often obliging the patient to bend double, which affords relief; the colic is sometimes attended with hunger. Sensation in the *abdomen*, as though it were packed full, compelling one to loosen the dress, and occurring particularly in the afternoon. The presence of this particular symptom has often decided the choice of the remedy, a single dose being allowed to act for weeks. China has much flatulence, which sometimes is incarcerated, and sometimes passes off very readily with a fetid odor.

Accumulation of feces in the *intestines*, with dizziness and heat in the head; the bowels are often moved with difficulty owing to a sluggishness of the peristaltic motion. *Constipation*, with hard intermittent stools, in persons greatly debilitated by a loss of animal fluids. Loose, yellow, watery stools, containing undigested food, and various kinds of diarrhœa, particularly after a meal, or at night; diarrhœa attending acute debilitating diseases. Always think of this remedy in affections of the bowels occurring in weakly or debilitated persons. Hamorrhoidal sufferings from debility.

Scanty, greenish-yellow *urine*. Wetting the bed of weakly children. Frequent and urgent desire to urinate. *Nocturnal emissions* from onanism, or other debilitating causes. *Impotence* from over-indulgence. The sexual desire is too strong, or too continuous. Swelling of the testicles and spermatic cords from debilitating causes.

Chlorosis from debility; also other menstrual derangements. *Fainting* fits and convulsions from debilitating causes. One of the best remedies for *menstrual colic* when other symptoms agree. *Lochial discharge* lasts too long, with painful drawing in the region of the ovaries; at times the discharge is very fetid, at others, of a cheesy, purulent matter. *Metrorrhagia*, with ringing in the ears,

loss of consciousness, imperceptible pulse, cool skin ; cured in many cases. *Leucorrhœa* from debilitating causes, with painful pressing towards the groins and anus.

One of the best of remedies, other symptoms agreeing, for *phthisis pulmonalis* ; all symptoms of the *chest* are aggravated by touch or external pressure ; can't bear percussion, and it is often difficult for the patient to bear the pressure from auscultation. *Hæmoptysis* with oppression of the chest, as if it were too full, attended with palpitation of the heart. Females exhausted by nursing are often cured of hæmoptysis with China. *Pleurisy* in persons who have lost much blood. *Pneumonia*, and other affections of the chest, when the symptoms are worse every other day. One of the first remedies to be thought of following profuse depletion. Hysterical, weakly, and fidgety females are often cured of chest difficulties by the use of this remedy.

Palpitation of the *heart* from loss of animal fluids. Violent *cough* after every meal. Coughing produces pain throughout the whole cavity of the chest.

Pain in the small of the *back*, as if beaten, aggravated by the least motion.

Much pain in the *upper extremities*, usually aggravated by touch or motion. Icy coldness of one hand, while the other is warm. Painful drawing in the upper parts of the *lower limbs*. Pain in the right knee-joint, extending at times toward the thigh, at times toward the leg ; much darting and tearing pain in the lower extremities, increased by contact.

Sleeplessness at night from activity of the mind ; one can't stop thinking. Sleeplessness before midnight particularly ; waking in the night feeling very hungry. *Dreams* of a frightful character, confused, absurd, and horrid, with unrefreshing sleep.

In *intermittent fevers*, when there is thirst during the chill, China is rarely indicated ; if water be taken at this time the chill is increased. During the fever, thirst is almost always present, with red and hot face, dry mouth

and lips, with burning. Severe headache; often delirium, and frequently canine hunger. After the fever there is profuse perspiration. *Ferers* excited by loss of animal fluids.

Extreme sensitiveness of the *skin* all over the body; itching of the skin, which bleeds after scratching; itching of the parts upon which one is lying, relieved by lying on another part; yellow color of the skin; rheumatic, hard, red swellings, very sensitive to the touch.

Excessive *nervous sensibility*, with a morbid feeling of general debility. Aversion to every kind of mental and physical labor; lassitude and languor, mental and physical. Great disposition to perspire during motion and sleep. Great sinking of strength. Uneasiness in the affected parts, obliging one to move them continually.

The pains are usually *aggravated* or excited by contact. The *characteristic pains* of China are darting and tearing, or tearing with pressure.

(To be continued.)

OBSERVATIONS ON THE TREATMENT OF SURGICAL CASES.

BY J. H. McCLELLAND, M.D.

(Continued from page 71.)

FRACTURES.—Continuing our suggestions, and keeping in mind that it is by no means the intention of the writer to enter into a general consideration of the subjects mentioned, attention is drawn to the subject of fractures and some hints regarding their treatment.

The reduction of fractures may be made excessively painful, is sometimes necessarily so, but in the majority of cases it may be accomplished with comparatively little suffering. The practice of wrenching, twisting, and jerking, which we all have seen and heard of, is wholly uncalled for, and almost always complicates an otherwise simple case.

While, therefore, it is absolutely necessary to thoroughly acquaint oneself with the nature and extent of an injury, it should be done with gentleness and caution, having due regard for the feelings of the patient, and the tissues involved.

The treatment of fractures having been much simplified of late years, correspondingly better results are obtained, on the general principle that to simplify is nearly always to improve.

Fractures of the lower extremities, especially of the femur, and when they are compound, are satisfactorily treated by the maintenance of extension with adhesive strips to the sides of the limb, to which a weight is attached, and securing counter-extension by the gravity of the body, the foot of the bed being elevated. Greater security is obtained by using junk bags, or moulding a piece of binder's board to the sides of the limb, and keeping them there with an interrupted bandage after the manner of Scultetus.

In simple fractures, except when located in the upper part of the femur, a starch bandage may be applied from the second to the third week, when the swelling has usually all disappeared, and the patient then allowed to go about on crutches. The plan of treating these fractures with adhesive strips accomplishes everything that is desired, and at the same time relieves the practitioner of all uneasiness regarding the progress and condition of the cases, because they are open to inspection at all times without disturbing them in the least.

A few words regarding fractures of the clavicle. Every one knows what a complicated and cumbersome amount of machinery has from time to time been devised and employed in the treatment of the unfortunate victims of this fracture, and how it frequently occurs that, after a set of this, possibly ingenious, apparatus has been carefully built upon the body of some suffering specimen of humanity, and after the lapse of a few hours, or at most,

days, we assiduously proceed to the taking down and disintegration of the same at the earnest request of said sufferer. The great aim naturally is to obtain a cure without deformity or shortening, but in by far the majority of cases this is impossible, especially with oblique fractures. Hamilton on *Fractures and Dislocations*, offers page after page of authorities, to prove that all the apparatus yet devised (and they are not a few) have failed to accomplish the desired result.

A patient of mine, while absent from the city a few weeks ago, had the misfortune to meet with an accident by which his right clavicle was fractured transversely. They first put him up in one of Day's "yokes" (which is one portion of that excellent set of splints that, in my hands, has proved a failure), but this soon became so uncomfortable and painful that it had to be removed. They modified the dressings in various ways, and when I saw him first he had on a modification of Fox's apparatus, *i. e.*, a figure-of-eight bandage, axillary pad, a ring on the opposite shoulder, and a sling. Notwithstanding this dressing there was overlapping of the fragments. He was still quite uncomfortable, and referred me to the axilla, which I found very sore, and the skin abraded. After the removal of the above, a small compress was made of several folds of muslin, and placed over the fracture, and kept firmly in position by long strips of adhesive plaster drawn from the chest across the shoulder to the back; a broad strip was then attached in front of the shoulder, and drawn around across the shoulder-blades to the axilla of the other side, thus keeping the shoulder back. The shoulder was then raised, and the arm kept to the side with a sling. When necessary, a few turns of a bandage or strip of plaster may be added, to keep the arm more firmly to the side. No axillary pad was used; in fact, its usefulness is much questioned by those in authority (and I believe rightly); for in order to derive much benefit therefrom, an amount of pressure must be made

which of itself is productive of great injury. Sometimes plaster of Paris moulded over the fracture is required to keep in position the overriding fragment.

This plan has been successfully pursued in a number of cases, and in two, now about well, treated in this manner, the deformity is very slight.

In fractures of the arms, binder's-board splints may be made to answer the indications oftener than any other, although Day's splints very frequently answer the purpose. Commonly these fracture are easily treated, except when near the joints, and then it is well enough to let the patient early understand that more or less stiffness or ankylosis is not improbable.

In a very interesting case now under treatment, both arms were dislocated at the elbow from a fall, and in addition the left sustained a fracture of the coronoid process of the ulna (a very rare fracture and difficult to diagnose), while the right had the ulna broken at the base of the olecranon process, and also about the lower third of the same bone. The former was placed in a Day's angular splint, and the latter, fully extended, in binder's board. At present—five weeks after the injury—neither of the arms can be flexed more than to a right angle, and although they will likely improve with use, the joints will, in all probability, never recover their full mobility. Passive motion is made, in this case, three times a day.

There is little to be said of fractures of the ribs, and little to be done, save the application of a broad roller to the chest and abdomen. When the pleural cavity is involved, much must be left to rest and remedies (Acon., Arn., Bell., Bry., &c.). In a case recently under treatment, very extensive emphysema occurred, the air infiltrating the whole side of the chest and abdomen, giving that soft crepitant feel which is characteristic of this affection. It all disappeared in a few days with the application of a compress over the seat of fracture, and a tightly applied bandage.

In the Proceedings of the State (Penn.) Society for 1871, I have reported three cases of fracture of the skull, in each of which large portions of cranial bone were removed, with successful issue. I have only to add that the prompt examination of injuries of this kind, and immediate removal of depressed fragments, is often less hazardous than to wait for unfavorable symptoms to set in before anything is done.

Medical Treatment.—As regards the effects of medicines in these cases, it is difficult to speak positively, but I believe the union of bone *can* be hastened by the administration of certain remedies. Sure it is that hindrances to the orderly processes of nature in the repair of these structures—as for instance, inflammation, tardy formation of callus, &c., &c.—may and can be removed by the action of remedies.

Symphylum has been used to considerable extent, and appears to be indicated when there is more or less pain about the fracture. I have thought good effects have followed its use.

Calc. phos.—I have used this remedy more frequently than any other, generally in the 30th or 200th, notwithstanding many use it nearly crude, upon the principle, as I have been told, “that it is rather an article of diet, and is assimilated, and goes to the promotion of callus or the bone itself.”

But the absurdity of this is apparent when the acknowledged fact is remembered that the organism can appropriate nothing of an inorganic character. It is akin to the allopathic nonsense of giving iron in bulk, because forsooth, there is a lack of that element in the blood. Most certain it is that the phosphate of lime, iron, silicea, or what not, acts, if at all, by virtue of its inherent drug power, and not as a chemical agent or article of diet.

Silicea is oftener useful in compound fractures, especially when there are spiculæ of bone to come away, and when the pus discharged is sanious and unhealthy.

The above remedies have been of great service in the treatment of fractures, but they are by no means the only ones. When there is any condition or dyscrasia proving a hindrance to the orderly process of repair, its removal by the indicated remedy, whatever it may be, becomes a plain matter of good practice.

ULCERS.—I have tried the transplanting of healthy skin to large ulcers, as recommended by Mr. Pollock, but only to a limited extent, and with but partial success. At a future day, and after further experiments, I hope to give something more definite on the subject. The range of remedies is large. I have observed most benefit from the employment of *Ars. alb.*, *Ars. jod.*, *Asaf.*, *Lach.*, and *Silicea*, mostly in ulcers of the legs.

In offensive ulcers I have, for several years, made use of carbolic acid combined with glycerine, linseed oil, or simple cerate. It certainly makes the cases pleasanter to treat—destroying the offensive odor—and often hastens the cure.

BURNS.—The exclusion of air from a burn is essential to a rapid cure. When of small extent, and of the first degree, common soap, as recommended by Hering, answers well the purpose. A preparation of cantharides in sweet oil (a few drops of the tincture to an ounce of the latter), I have found excellent in scalds of the first degree. The worst and deepest burns I have seen have been from molten steel and galvanizing metal; which appear to have a poisoning effect, rendering the burns exceedingly difficult to heal.

Arsenicum is frequently indicated in these deep burns, and externally, our favorite preparation of carbolic acid and linseed oil—a drachm of acid to the pound of oil. This may be applied with soft muslin rags, which are not to be removed until they become offensive, but are to be kept thoroughly saturated with the oil. It is well to envelop the whole in raw cotton. The most nourishing diet is required in these cases. *Carb. veg.* becomes indi-

cated in some desperate cases, and will sometimes make a favorable change when least expected.

EFFECTS OF INJURIES AND OPERATIONS.—It is remarkable the utility of *arnica* in assisting nature to overcome the depression or shock of severe injuries and operations, and it has been my practice to administer this remedy in such emergencies, with most gratifying results. The 30th answers the purpose very well.

Opium, in the attenuations, is also of service in bringing about reaction, especially when the patient has been depressed and frightened at the prospect of the operation.

Traumatic fever will often require the old and well-tried antiphlogistic remedies, but where much blood has been lost, and the patient is thirsty, anxious, and restless, with a rapid but weak pulse, *Aconite* is worse than useless, and such remedies as *China*, *Ars.*, or *Staphis.* are required. The latter remedy will also relieve the sore burning pain in the cut surfaces of the stump after an amputation.

Hectic or suppurative fever seldom calls for *Aconite*; but *Phos.*, *Hepar.*, *Silicea*, and such remedies are more likely to be of benefit.

Sleeplessness and other nervous symptoms which so often follow an operation, are quickly relieved by *Coffee*, *Opium*, *Cimi.*, *Bell.*, &c., and with better effect than with large doses of chloral or morphine. I have also seen the jerking of the muscles of a stump almost immediately cease after the administration of a dose of *Ignatia*⁶⁰. But this is not always to be expected. *Opium* sometimes does better.

Some very interesting cases might here be related, wherein the patients, having almost reached a collapsed state, were revived by *Camph.* 1st, every few minutes, followed by *Carb. veg.* 30th; but time not permitting, I will only add that even in the most desperate cases, the carefully selected homœopathic remedy seldom proves treacherous.

SUCCESSFUL FORMATION OF A NOSE.

BY MALCOLM MACFARLAN, M.D.

KATE SHEA, a stout Irish woman, aged 26, was admitted to the Homœopathic Hospital, Philadelphia, about the beginning of July, 1871, with the following history and condition. When 7 years of age she received a severe mechanical injury on the nose, fracturing the nasal bones and otherwise badly mutilating the soft parts; sloughing took place, and continued until not a vestige of the nasal bones, angular or nasal processes remains. The cartilaginous portions have disappeared, excepting the lower lateral, which have partly rotated on their attachments, and now occupy the inferior portion of the cavity, formerly the site of the nose. The soft palate is perforated, and sloughing of the arches and tonsils has taken place, and the sense of smell is absent. The discharge at present is thick, yellow, and offensive; having the peculiar odor of old catarrh. Her appearance and symptoms, and the rapid progress the disease has made of late, point to syphilis. She denies having had that disease, but says she has been salivated.

She was kept on Kali hydriod. 2^c, in water, until June 21st, when the discharge being greatly lessened, and the woman's general condition much improved, an operation for a new nose, and to remedy in a measure the deformity, was performed at the College before the summer-course students, as follows: Making full allowance for the shrinkage of the frontal flap, and its relation to the cicatrix to be excised, keeping the proportion as 3 is to 2, the portion to be excised was marked carefully out on the forehead. The pedicle was so arranged that it curved very much towards the inner canthus of the left eye, and having in its centre the left frontal artery, for the double purpose of preventing undue prominence of the pedicle when twisting took place, and to insure the circulation. The nasal opening was plugged with pieces of fine sponge wrung out

of water, to prevent choking from blood during the operation. The patient was then placed upon the table, etherized, the head depressed and controlled, and the cicatrix freely excised. The remains of the alae of the nose were set free and held downwards, and the flap from the forehead dissected away. The edges were bevelled from without inwards, looking towards the median line, and the parts taken away down to the periosteum, the incision around the flap at once passing down to that membrane.

Hemorrhage was free, but was readily controlled by torsion and cold water. The sponges were then removed, a knife passed around and under the facial wound, so as to free the bevelled edges and allow of their being raised to introduce sutures, and the better to adjust the flap, thereby securing even union. The flap being abundant was then turned round into position, carefully adjusted, and seen to lie perfectly loose. A fine Glover's needle, armed with a thin strand of floss silk, secured the tip of the flap on the median line; successive sutures, passing very superficially, were used on either side, and the parts thoroughly coaptated; cross ligatures of stout silk were passed through the edges of the frontal gap, the parts loosened beneath, and the silk drawn tightly so as to lessen the space as much as possible.

The patient was then placed on her back in bed, and thick flannel cloths, wrung well out of lukewarm water, were applied every few hours, with a view of favoring the circulation, assisting union, and protecting the parts against changes of temperature. As the failures in this operation have resulted mostly from swelling or congestion of the flap, and subsequent sloughing, it is seen by a homoeopathist that this is likely to be prevented by applying his law of cure. The woman was given *Rhus tox.* 2ⁿ, to counteract the tendency to erysipelas in this operation. On the third day the upper sutures were removed, and on the fifth day the remainder. On the seventh day union was perfect throughout, the wound on the forehead

had contracted, and was filling with granulations. She was discharged cured as to the formation of the nose, in a fortnight after the operation. At date of present writing (Sept. 19, 1871), the woman presented herself at the clinic, with the forehead perfectly healed, having a straight scar, the nose being quite full, natural looking, and healthy.

WOUND OF THE CORNEA.

P., 42 years old, robust and sound, a marker at a shooting festival, was accidentally shot in the eye. Brought home in a carriage. I found the following state: The abduction of the lids very painful and difficult on account of great photophobia; the cornea is split in two equal halves, by a keen-edged piece of lead, 1" in breadth and 5" in length, the camera anterior is gone, and the foreign body firmly wedged in, without having injured the iris. After careful and successful extraction of the lead with fine pincers, I tried how to produce, by careful movements with the superior palpebra, a retraction of the iris, an equalization of the hiatus, and an approximation of the edges of the wound, and after drawing down the upper lid softly, I instilled some solution of atropia in the inner corner of the eye and closed the lids fully over the bulbus with court plaster, some lint, and strips of adhesive plaster over the whole. Patient was ordered perfect rest on the back, an ice-bladder was laid on the superciliary region, and *Arnica*³ ordered internally, a dose every three hours.

After thirty-six hours patient did not complain more of any pain, the ice was left off at his own desire, but the recumbent position and the *Arnica* strictly continued. On the morning of the fifth day the bandage was taken off, showing perfect agglutination of the edges of the wound, restitution of the camera anterior, and all-sided retraction of the moderately dilated iris. The eye was closed again in the same manner, and rest, *arnica*, and bland diet continued as before. Reopened on the seventh day, every vestige of inflammation was gone, the pupil had returned to its normal width, and only a filiform gray stripe remained, cutting the cornea in two, and indicating the

place of the former separation. The trial of his sight was satisfactory, as the patient only remarked that a hair must hang over his eye, which he cannot remove. More for his satisfaction than because really necessary, he took now Euphrasia's two doses daily for a week, so that four weeks after the accident not a trace remained to be seen, and his sight was as good of one eye as of the other.—DR. PAYR. (*A. H. Z.*)

EDITORIAL NOTES.

MEDICINE IN POLITICS.—Under this caption the *New England Medical Gazette* for August, 1871, gives an account of the following case. During the late war a "Medical Commission" existed in Massachusetts, for the examination of candidates for the position of surgeon in the army. This commission, it appears, rejected all candidates who could not answer "No" to the question, Are you a homœopath? Since the close of the war the commission has not performed its functions, and surgeons of militia have been commissioned without its sanction being asked or given. In May last, Brig. Gen. I. S. Burrill, commanding the First Brigade Massachusetts Volunteer Militia, appointed Henry P. Shattuck, M.D., a homœopathic practitioner, of Boston, upon his staff as Brigade Surgeon. The professional record of Dr. Shattuck, as a private physician and military surgeon, is unquestionable, but he was allowed to remain uncommissioned. Then the *Press* interfered, and the Surgeon-General of Massachusetts, a Dr. Dale, being driven to a corner, resurrected the "Medical Commission," and summoned Dr. Shattuck to appear for "examination." "Dr. Shattuck resenting the indignity which the Surgeon-General would thus cast upon a man who had served on the medical staff of the United States army, and knowing well that the insult was but a prelude to the injury—that the farce of an examination was to be followed by a predetermined rejection—declined to appear. A temperate and respectful letter, stating the reasons why he must decline to submit to an examination so unusual, was returned by Dr. Shattuck to the Commission, which thereupon decided him unfit for the position. And with this decision the Governor felt justified in refusing his commission."

From the *Boston Journal*, of Wednesday, Sept. 20th, we learn that a committee, appointed by the Massachusetts Homœopathic Medical Society, waited upon the Governor, and presented an address in relation to the matter, Dr. David Thayer acting as spokesman of the committee. The first point made by the committee is as follows: "When Col. Moor, of Gen. Burrill's staff, called on Surgeon-General Dale, in relation to Dr. Shattuck's appointment, Dr. Dale said to him, 'I never will approve the appointment of a homœopathist,' and at the same time he ridiculed

the homœopathic practice." The committee made out a very strong case against the Surgeon-General, clearly showing a systematic conspiracy on the part of that officer and the "Medical Commission," during the war and since, to keep homœopathic practitioners out of the medical offices of the State militia. The reply of Gov. Claflin was brief, and not to the point. The matter rests here for the present, but our readers may be well assured that it will not be allowed to remain at rest, for the people of the great and enlightened Commonwealth of Massachusetts will not tolerate such outrages on its citizens.

FIRST AMERICAN MEDICAL GRADUATES.—The following account of the conferring of the degree of Doctor of Medicine for the first time in America, is taken from the *Pennsylvania Gazette*, of July 11th, 1771:

JUNE 28TH, 1771.

This being the day appointed for the Anniversary COMMENCEMENT in the College of this city (Philadelphia), the *Trustees*, at half an hour past nine o'clock, proceeded from the *Apparatus-Room* to the PUBLIC HALL, followed by the *Provost*, *Viceprovost* and *Professors*, with the different Candidates in their Gowns; the Band of Music belonging to the Twenty-first Regiment (or *Royal North-British Fusileers*) playing during the whole Procession.

After *Prayers* by the Provost, and an *Anthem* by some young Gentlemen, the MANDATE for holding the Commencement, was delivered by the HON. JAMES HAMILTON, Esq., as President of the Board of Trustees, and then the Business proceeded as follows, viz.:

* * * * *

7th. The following Medical Degrees were conferred by the Provost, viz.:

Bachelor of Physic. BENJAMIN ALLISON, JONATHAN EASTON, JOHN KUHN, FREDERICK KUHN, BODO OTTO, ROBERT POTTINGER, and WILLIAM SMITH.

8th. A Piece of Instrumental Music.

9th. Messieurs JONATHAN ELMER, of New Jersey, JONATHAN POTTS, of Pottsgrove, Pennsylvania, JAMES TILTON, of Dover, and NICHOLAS WAX, of Wilmington, then presented themselves, agreeable to the Rules of the College, to defend in Latin the Dissertations printed for their Degree of *Doctor in Physic*.

Mr. Elmer's piece --- "*De Causis et Remediis Sitis in Febribus*," was impugned by Dr. KUHN, Professor of Botany and Materia Medica.

Mr. Pott's --- "*De Febribus intermittentibus potissimum Tertianis*," --- was impugned by Dr. MORGAN, Professor of the Theory and Practice of Physic.

Mr. Tilton's --- "*De Hydrope*," --- was impugned by Dr. SHIPPEN, Professor of Anatomy.

Mr. Wax's --- "*De Variolarum Insitione*," --- was impugned by Dr. RUSH, Professor of Chemistry.

Each of these Candidates having judiciously answered the Objections made to some parts of their Dissertations, the Provost conferred upon them the Degree of DOCTOR IN PHYSIC with particular Solemnity, as the highest Mark of Literary Honor which they could receive in their Profession.

THE MIDDLETOWN INSANE ASYLUM.—From a letter just received from Dr. Geo. F. Foote, we extract the following: "I am trying hard to have one building ready for patients by early spring, and the work is now progressing finely. We have built a railway switch over half a mile long, connecting with the Erie Railroad; we have brought the water through four inch pipes from some distance; we have our cellar dug, and stone out, and dressed for the basement, and have commenced laying the same. We shall lay the corner-stone soon, of which due notice shall be given."

DR. HERING'S MATERIA MEDICA.—We refer with great pleasure to the announcement, made by circular with the September number of the *Hahnemannian Monthly*, that the publication of this great work will be continued with the *Hahnemannian Monthly*. The publication will be commenced in a short time, and will be uniform with the twelve remedies which have already appeared as a part of the *American Journal of Homœopathic Materia Medica*.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.—At the request of Dr. J. W. Dowling, Registrar of this institution, we publish the following statement:

"On account of the unavoidable delays occasioned by alterations in the original plans, and in procuring the necessary iron-work for the new college building, the lectures will be commenced on Tuesday, Oct. 10th, at Glass Building, in Thirty-fourth Street, East of Third Avenue. The new edifice is, however, rapidly advancing toward completion, and it is confidently believed that the class of the present session will assist in the inauguration ceremonies during the coming winter. The temporary arrangements offer every facility for lecturing and dissecting, and for the comfort and convenience of the students. It would be well for students, on their arrival in the city, to report to the Registrar."

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M.D., SECRETARY.

THE first Fall meeting of the Society was held at the College building, on Thursday evening, September 14th, the President, Dr. Jacob Jeanes, in the Chair.

The minutes of the meeting held in May, and of the special meeting held in July, were read and approved.

Dr. PEMBERTON DUDLEY, of the Committee on Prevailing Diseases, reported the unusual prevalence of intermittent fever. *Arsenicum* and *Eupatorium perf.* seem to be the chief remedies; the latter being prominently indicated by "pain and aching in the bones," as the patients express themselves. He likewise reported that during the summer just passed, he had continued his investigations concerning the diseases of children. He had observed that, whereas there was an abundance of fruits, bowel diseases of children were rather less prevalent than usual, and that, while fruits came into market at least two weeks earlier than usual, infantile bowel complaints did not commence any sooner than usual. There had been fewer deaths from cholera infantum than for several years, but the disease appeared to be lasting later in the season than ordinary. The following he gave as the death rate for cholera infantum during the past six years: 1866, 812; '67, 772; '68, 856; '69, 789; '70, 874; '71, 750.

THE SECRETARY then read the report of the Scribe, Dr. Bushrod W. James, that gentleman being unavoidably absent. It was as follows:

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

STAMMERING.—A layman, who is an editor, claims that stammerers can sing without difficulty. He thinks that this is easily explained, and the remedy for curing this annoying difficulty is as follows: That by observing the measure of the music—by keeping time—the organs of speech are kept in such position that enunciation is easy. Apply the same rule to reading or speech, and the same result will follow. Let the stammerer take a sentence, say this one, "Leander swam the Hellespont," and pronounce it by syllables, scan it, keeping time with his finger if necessary, letting each syllable occupy the same time, thus, Le-an-der-swam-the-Hel-les-pont, and he will not stammer. Let him pronounce slowly at first, then faster, but still keeping time with words instead of syllables, and he will be surprised to find that, by very little practice, he will read without stammering, and nearly as rapidly as persons ordinarily talk or read. Then practice this in reading and conversation until the habit is broken up. Perseverance and attention are all that is necessary to perform a perfect cure.—*Med. and Surg. Reporter.*

DANGERS OF CHLORAL HYDRATE.—This new hypnotic came into use widely in a very rapid style, and the risks have been proportionally great, for it has been almost indiscriminately used without its having been thoroughly proven. Two cases in which we administered it came near strangling from spasm of the throat, involving apparently the epiglottis. Recently, Hon. J. R. Reading, M.D., mentioned to me the case of a former patient of his who, previously to taking chloral, was an active, prominent merchant of this city, but who had become almost entirely idiotic through its use—not through his administration, however—an allopathist having prescribed it. Dr. E. T. Blake in July No., 1871, of

the *British Journal of Homœopathy* notices a peculiar effect of it as follows: First, in a professional man, overtaxed, it produced these effects: temporary *ptosis* twice followed the exhibition of the ordinary dose of *Chloral*, for chronic and obstinate insomnia. In another instance, the wife of one of our colleagues, after a dose of chloral, becoming delirious, hurled a hot-water bottle at an imaginary figure which stood menacing her at the foot of the bed.

Again, this agent has been accredited with the induction of a fatuous state in a medical man occupying a high position in the profession.

The latter cases would go to prove the power of this drug to produce primary disturbance of the sensorium, and they serve as well to explain some of the success attending its use in certain mental disorders.

These facts certainly show that on the one hand, Dr. Dyce Brown has good grounds for saying that "the medicine in question is a very powerful one, producing marked physiological symptoms, and therefore valuable conversely as a therapeutic agent to homœopaths;" on the other hand that the assurance given by "the profession" to the public of the entire innocuousness should be received *cum grano salis*. Allopathists recommend it to procure sleep in cases of insanity, and the patients are benefited by its use. Is it not the action of the drug upon the diseased brain that produces beneficial effects rather than the sleep that it procures? No doubt they thus stumble upon a useful remedy for the relief and cure of certain forms of insanity with weakness of mental power, when such enfeebled power is due to disease without softening of the brain or where it is not congenital.

The *U. S. Med. and Surg. Journal* makes the following note of a death by this agent. A case was reported to the New York Pathological Society of a female to whom, two days after abortion, thirty grains of chloral were given, followed in half an hour by a second dose. In half an hour from the second dose she died. No symptoms were noticed except coldness of the extremities after the second dose. Decomposition advanced very rapidly, though the weather was extremely cold.

SANTONIN IN CERTAIN EYE SYMPTOMS.—Dr. D. Dyce Brown, of England, notes his own and the experience of an allopathic physician in the use of santonin in eye diseases. Among the clinical results are benefits in the following symptoms: Imperfect color vision, chronic headache with pain in the eyes, indistinct vision, &c. Case 41 will illustrate in a measure the action of santonin, which they seemed to use in grain doses every night, generally. I will quote it from the *British Journal of Homœopathy* with summary of cases treated. "Mr. C., aged 25, complained of having, for upwards of a year, been troubled with the following symptoms. After reading some time, especially if reading aloud, his eyesight becomes dim, the letters of the book or newspaper become hazy and indistinct, so that he has to stop reading for a time. Rubbing the eyes seems to clear the sight for a few minutes at a time. In his office, if specially busy, and anxious to get over any piece of business requiring

writing and examination of books, the same symptoms come upon him; at other times his eyesight is excellent. Fancying that his sight was getting naturally weak, he had taken to using spectacles. He had no pain or aching in the eyes or head, and was otherwise in good health. I told him to leave off the use of spectacles and to take one grain of *Santonin* every night. I saw him about three weeks afterwards, when he told me he had only taken six of the powders, but was now quite free of any of the symptoms formerly complained of."

The result here is as satisfactory as could be wished, this and other similar cases showing beyond dispute the power of *Santonin* in such cases.

Analyzing these cases, we find the following results. Total cases treated, 42; cured or improved, 31; failures, 7; unknown results, 4.

The seven failures are as follows:

1. Syphilitic neuro-retinitis, with total blindness, incurable from the beginning.

2. Old retino-choroiditis, incurable by everything else.

- 3 and 4. Progressive rapid atrophy of optic nerve, incurable by all other means.

5. Rapidly formed soft cataract.

6. Senile cataract.

7. Amaurosis, incurable by all other means.

The action of overdoses of *Santonin* is to produce green vision.

NEW PATHOGNOMONIC SYMPTOMS OF HYSTERIA.—The *Medical and Surgical Reporter*, July 29, 1871, refers to a new test for this disease, which Dr. Chairon, in a new work recently issued in France, called "*Clinical Studies on Hysteria*," refers to as follows: It is "insensibility of the epiglottis." "The determination of this symptom which is constantly present is very simple. It is sufficient to introduce gently the finger into the mouth, so as not to frighten the patient, and place it on the base of the tongue. It will be found that the epiglottis may be touched, displaced, and scratched with the nail, without producing the least regurgitation. When this symptom exists there will be found invariably a congestion of one or both ovaries, usually of the left. Singular as the proposition is, the author proceeds to prove its exactitude, and has, with that object, quoted a great number of cases collected at Vesinet Hospital."

NOTE ON YELLOW FEVER.—The yellow fever has prevailed at Charleston, South Carolina, this summer, but not to a great extent or in a very fatal form. "It is stated, as a curious fact, that of 26,000 victims of the yellow fever in Buenos Ayres, during the past season, nine-tenths of the number were men. The disease increases in virulence with changes in the weather, from the exposure of river mud, by a sudden fall in the river, with the stirring of the beds of filth, &c., all showing its dependence upon other causes than personal contagion. Of the three hundred and sixty grave-diggers constantly employed, not one died, thus proving that the graveyard was the healthiest place to live in."

OPENING THE EUSTACHIAN TUBE BY A NEW METHOD.—Dr. Peter

Allen's mode of removing obstructions from this canal is referred to in *Braithwaite's Retrospect* as follows: "The surgeon places the tube within either of the patient's nostrils, or with Dr. Allen's most recently improved contrivance, simply presses the nasal pad gently and firmly against them. The patient then swallows, by degrees, a small quantity of water previously taken into the mouth; and the surgeon at each successive act of deglutition, compresses the air-bag held in his own right hand. Currents of air are thus repeatedly sent into the naso-pharyngeal cavities, driving warm air into the tympanum through the Eustachian tubes and overcoming at once any moderate degree of obstruction in the latter. The modifications of this appliance, introduced by Dr. Allen, consists of an interior valve, enabling the acts of inflation to be repeated as often as desired, without the necessity of removing the instrument from its position; and also of the double pad placed against the nostrils of the patient, thus dispensing with the rather disagreeable and troublesome procedure of inserting the tube into the nostril. Even young children do not cry, nor are other persons frightened at this simple and easy mode of managing inflation. It causes no pain or distress, and the results are often at once so happy as to astonish the patient."

EXPLANATION OF THE REASON WHY CIRCLES ARE MORE PLEASANT THAN ANGLES TO VISION.—A very satisfactory cause for this result is given in the *Boston Journal of Chemistry*, August, 1871, thus: "Prof. Muller, in a course of lectures in Berlin, offered a simple and mechanical explanation of the universal admiration bestowed on these curves. The eye is moved in its socket by six muscles, of which four are respectively employed to raise, depress, turn to the right and to the left. The other two have an action contrary to one another, and roll the eye on its axis or from the outside downward and inside upward. When an object is presented for inspection, the first act is that of circumvision, or going round the boundary lines, so as to bring consecutively every individual portion of the circumference upon most delicate and sensitive portions of the retina. Now if figures bounded by straight lines be presented for inspection, it is obvious that but two of these muscles can be called in action. The effect then is, that if two only be employed as in rectilinear figures, those two have an undue share of labor; and by repeating the experiment frequently, as we do in childhood, the notion of tedium is instilled, and we form gradually a distaste for straight lines, and are led to prefer those curves which supply a more general and equable share of work to the muscles."

IMPORTANCE OF MAINTAINING THE ALKALINE CONDITION OF THE BLOOD.—When the subject of heart clot was under consideration, I took occasion to refer to some experiments showing that the ammonia of the blood prevented its coagulation, and that the diminution or absence of this alkaline article was the source of some diseases, among which were heart clot. I desire now to refer to two cases of snake bite in which the injection of Ammonia in the veins of the persons bitten, saved their lives when

they were in a moribund condition, which I find referred to in the *Boston Medical and Surgical Journal*, No. 2274, as follows: "In Tasmania, a woman having been bitten six hours previously, was insensible, cold, and apparently sinking. Dr. Appleyard injected thirty drops of Liquid Ammonia, B. P. sp. gr. 959, into a vein of the arm; the effect was magical: she roused up directly, and very soon afterwards was perfectly recovered. Again, a man was bitten the other day at Schnapper Point, and when the doctor arrived, one hour and a half after the bite, the man was perfectly insensible, the limbs paralyzed, the pupils of the eye dilated, the countenance dusky, and the skin covered with a profuse clammy perspiration. Within twenty seconds of Dr. Dimock injecting the Ammonia into a vein of the arm, the man jumped suddenly up, as if electrified, and stared about him; his pupils began to act, and his skin to get warm, and in two hours he was removed home." Dr. Dimock has since expressed himself as follows: "I have no hesitation in saying that the preservation of this man's life was entirely owing to the ammoniacal injection."

UMBILICAL PULSATION.—Why is it, that on cutting the umbilical cord, the placental end at once stops pulsating while the abdominal end continues to beat for some time, even after all blood has ceased flowing through it? When you ligate this pulsating abdominal end, the outer end beyond the ligation ceases to beat instantly, while the remaining portion continues its regular throb (as though it was a large artery) for some time afterwards. Is this due to severing the nervous connection of the part, or what? We should investigate and endeavor to answer these points, for I think that this umbilical pulsation is but briefly and unsatisfactorily explained.

THE CHOLERA.—England expects an invasion of the Asiatic cholera this fall, inasmuch as another epidemic of this dire malady is on the wing. It started in Russia and is gradually coming to the westward, having advanced to Poland and even Prussia; the last account of its progress being at the city of Königsberg, a place of some 75,000 inhabitants, situated near the fifty-fourth parallel of latitude, and whose mean temperature for the year is 43.2°, winter temperature 37.8°, and whose average summer temperature is 60.5°. In the middle of August the cholera mortality in this place was about fifty per cent.; in Paris, France, about one fatal case per day is reported. A sporadic case has occurred in New York City, and one in San Francisco, August, 1871. Dr. Bayes in the September number of the *British Monthly Homœopathic Review*, quotes from the Sanitary Report for India, 1870, facts relating to Dr. Bryden's view that cholera epidemics have a special life; that is, they originate, grow, live, move for a certain period independent of all conditions, and then decay and die, and that the miasm which produces the disease is of a parasitic germ origin and has a living existence of its own. The following we will extract from that paper: "A district inclosed by a line drawn along the 86th meridian of E. longitude, from the mouths of the Mahanuddy to the roots of the Himalaya, and another line parallel to

this, drawn from the N.E. angle of the Bay of Bengal to the Himalaya, extending over an area of 122,500 square miles, is, in Dr. Bryden's view, the perennial home of India cholera, where it always exists in its endemic condition, appearing and disappearing at different times and at different seasons. From this endemic area spring up those '*bodies of cholera*' which overflow the boundary from time to time, invading at last the regions of Asia, Africa, and Europe which happen to be in their course, and the *materies* of cholera, whatever it may be, has a period of growth, existence, decay, re-vitalization, and death, these states being under the influence of time, place, and atmospheric conditions." A further communication from Dr. Bryden has been forwarded by the government of India in Sanitary Dispatch (No. 8), 20th May, 1870, bringing to notice the appearance of epidemic cholera, towards the end of October last, on the eastern coast of Africa, and an outbreak at Zanzibar which commenced on the 20th of November, and pointing out the probability of its spreading to Europe. This appearance of cholera on the eastern coast of Africa, was anticipated in Dr. Bryden's report in relation to the history of the epidemic cholera of 1868 and the spring of 1869, and its significance defined. At that time no advance of the epidemic cholera of 1868-9 beyond the limits of Hindostan had occurred, although the movement was regarded as imminent. "In the light which Dr. Bryden reads parallel history, he considers that the epidemic now in progress has still before it (3d February, 1870) a vital existence of at least two years, since it was in April, 1868, that its movement from out of the endemic area occurred; that about the 12th of May indications of the reappearance of cholera might be looked for in the districts of the northern epidemic routes, the track south of Jumma, Agra, and Gwalior; that in the Central Provinces cholera would be present in nearly every district, commencing in March and April; and that in the event of the spread to Europe of this cholera and that present in Southern Russia, persistence through 1870 and 1871 may be expected." Dr. Bryden also says "that the cholera miasm has a remarkable resemblance to that of the miasm producing malarial fevers, but that it has its own specific character. He holds that cholera miasm may exist without population. The existence of population is only the condition under which its presence is manifested; that it will cross unpeopled deserts and attack the districts beyond if lying in the direction in which it is progressing, and hence that all attempts to arrest its course by quarantine must necessarily be futile; that once started on its course it must fulfil its life period, which, for Northern India, appears to be four years."

OUR SYSTEM IN AUSTRALIA.—The *Monthly Homœopathic Review* quotes from the *Medical Times and Gazette* the following: "The register includes all sorts of diplomas from every quarter of the globe, the homœopaths figuring very prominently. Indeed, one of the most 'fashionable' doctors in Melbourne is a man whose only qualification is an M.D.-ship of the Homœopathic Medical College of Pennsylvania. It is said he is

doing almost the most lucrative practice in Collins Street, the medical quarter of Melbourne. You may infer from this that homœopathy is rather in the ascendant here. Of the four daily papers in Melbourne two of them openly advocate homœopathy, one of them being edited by a homœopathic practitioner, whose qualification has proved too 'irregular' even for the government to recommend for registration. The editor of the *Review* then puts this question: 'Why don't our allopathic brethren in Melbourne cure their patients more rapidly, more safely, and more pleasantly than their homœopathic neighbors, and so put a stop to this sort of thing?' It is their only chance!"

THE French and German war being over, the French Homœopathic Journal, the *Bibliothèque Homœopathique*, is again being published.

THE SECRETARY then read an account of the first case of cholera treated by a homœopathic physician in Philadelphia, in 1832, by Dr. Geo. H. Bute, of Nazareth, Penna., the first practitioner of Homœopathy in this city.

The thanks of the Society were heartily tendered Dr. Bute for his communication.

A general discussion was then had, which was taken part in by Drs. Morgan, Martin, and H. N. Guernsey.

Dr. J. C. MORGAN said there were two items in the Scribe's report to which he wished to call attention. The report stated that the injection of ammonia into the veins, in cases of snake bites, had proved a successful curative measure. He (Dr. M.) had that day read the account of a case in which a little boy had been bitten by a copperhead snake. The child came in and complained that he had been stung by a bee, and shortly afterwards went out and commenced wading in the mud. Upon complaining of his ankle, upon which he had been bitten, he was asked to point out the locality in which he had been stung, and upon searching there a copperhead was found coiled up and ready to strike. The physician who was called said that the boy, by wading in the mud, had done the best thing he could under the circumstances. He completely recovered. In connection with the facts that earth has been recommended as an antiseptic, and that the grave-diggers in Buenos Ayres, as reported by the Scribe, were exempt from cholera, should be taken this child's case; all of which go to show that there is a virtue in earth as an antidote to poisons, of which we should not lose sight. It may be that in earth we may find something to stay the ravages of cholera. The covering of the evacuations with dry earth is the best method of disinfecting cholera stools.

In regard to clearing out the Eustachian tube. The tube is sometimes clogged with mucus, extending to the cavity of the tympanum, which condition produces four-fifths of all the cases of deafness. This may be materially relieved by the forcing of air through the tube. A simple method of effecting this is, by closing the mouth and nostrils, and then forcing air from the chest up into the pharynx, some of which finds its

way by its own force into the Eustachian tube. The air may be returned by the process of swallowing, so that inflation and collapse of the tube may be carried on alternately.

Allusion was made, in Dr. Bute's paper, to a man taking garlic and whiskey for the cholera. Some years ago the President of Hahnemann College had told him that, while in India, the bearers of his palanquin would suddenly be seized with cholera. He treated them, in accordance with directions he had received from missionaries, by administering a large quantity of laudanum in a glass of brandy, after which they would generally soon revive. At that time he (Dr. M.) was an allopathist, and being called to several cases of cholera he gave seventy-five drops of laudanum in brandy, and his cases got well. At last he was called to a very bad case, in which the man was evidently in a state of collapse. Having learned something of Homœopathy by that time, he put four drops of Fowler's solution into eight spoonfuls of water, and gave a teaspoonful every half hour. The man got well.

Dr. H. N. GUERNSEY said, that if cholera should make its appearance here, it would be well for us to try the effect of placing sulphur in the stockings, as suggested by a distinguished member of the Society. This plan has been already tried with success to a limited extent. It had been proved that charcoal in the hold of a ship acts as a preservative against ship fever; and this had been suggested by the same person who advised the use of sulphur. When he (Dr. G.) was a boy, upon being stung by a bee or wasp, he immediately applied mud to the part, with the effect of prompt relief from pain. His strong reliance, however, in all these cases—poisoning by serpents, cholera, &c.—would be in potentized remedies properly selected.

Dr. MORGAN asked Dr. Guernsey whether he had had any experience with the use of *Secale* in cholera cases when the symptoms apparently indicated the use of *Cuprum*.

Dr. GUERNSEY stated that he would give *Secale* when the patient could not bear to be covered.

Dr. H. N. MARTIN remarked that he had had occasion to administer *Secale* in several cases of cholera infantum, in which, although the children were in a state of collapse, with cold surface, they could not bear to have any coverings on them.

Dr. GUERNSEY related the case of a young girl who had been treated for scarlatina by an allopath. She was very weak, and would eat nothing, getting worse and worse, and weaker and weaker, until finally he (Dr. G.) was called. He treated her ineffectually for some time with various medicines, but his attention was finally drawn to the fact that, although she was purple with cold, weak, and faint, and almost pulseless, yet she would not keep the coverings on. He gave *Secale* 2c, with prompt effect, and the patient is now well.

Dr. MARTIN gave the particulars of the following case, and said he wished to know whether any member had had similar cases. A young

man, who had had disordered stomach for a few days, having eaten ice cream and cake on a certain evening, was suddenly seized with an irresistible desire for stool, the bowels being profusely evacuated. He took some "cholera mixture," and went to bed. During the night he went to the outhouse, and the family heard his groans and brought him in. Dr. Martin was then sent for. He found the patient suffering from severe cramps, almost pulseless, skin blue, and shrivelled, countenance pinched and old-looking. The discharges were frequent, profuse, and like rice-water, and vomiting occurred every few moments, of a substance resembling the stools. The medicines he gave relieved the bowels, but the cramps continued for some time afterward, and the remaining symptoms continued, gradually abating, for four days, during which time he voided no urine. He finally passed urine after he had received Stramonium, and in ten days was well enough to go to the country. He gave Arsenicum first, which lessened the diarrhœa and vomiting, and then gave Cuprum for the cramps. He gave several remedies for the suppression of urine, such as Zinc, Veratrum, &c., but believed that Stram. was the remedy which brought on the flow. He reported the case to the Board of Health as a case of true cholera. He had used low potencies.

Dr. JACOB JEANES confirmed the statement made in Dr. Bute's paper, that in 1832 the first cases of cholera were more fatal than those in the middle or latter part of the epidemic. He asked Dr. Martin whether the "cholera mixture" taken by his patient contained any ginger; for in his experience the resort to ginger, which is so common in the domestic treatment of such cases, always made the case more serious.

Dr. MARTIN replied that it was the so-called "Brown's Essence of Jamaica Ginger" that had been taken.

Dr. MORGAN inquired of Dr. Guernsey what his indications were for the use of Arsenicum for non-voiding of urine after parturition.

Dr. GUERNSEY said he gave it in those cases in which there was a total absence of desire to void urine; there being no uncomfortable sensation, and the patient is as free from all desire to evacuate the bladder as if she had no urinary apparatus.

Dr. MORGAN said it had failed in a case in which he had given it, and Hyoscyamus afterwards operated successfully. It was, however, a case of painful retention.

Dr. MARTIN said that the late Dr. Williamson relied on Hyos. in these cases, and would give it where Dr. Guernsey would use Arsenicum.

Dr. JEANES, on being asked whether he thought cholera would make its appearance in this country, as anticipated, replied that he consoled himself with the idea that it had, like the seventeen year locusts, made its appearance only at intervals of seventeen years. Thus it first appeared in 1832, and then again, after an interval of seventeen years, in 1849, and again in 1866, each time decreasing in severity. He hoped, therefore, that it would not come again, if at all, until 1883.

The Society then adjourned.

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A MEMORIAL OF THE LATE WALTER
WILLIAMSON, M.D.

(Read before the Homœopathic Medical Society of Philadelphia, October 12th, 1871.)

FELLOW MEMBERS:

Your committee, appointed to prepare a memorial of our late President, WALTER WILLIAMSON, M.D., beg leave most respectfully to report that they have completed the duties assigned them, and are prepared to communicate the results. To pay a tribute of respect to the memory of departed worth is a duty of the living: to do something towards preserving and perpetuating the memory of so good and useful a man as Dr. Williamson, your committee has regarded as a high privilege, and they entered upon the preparation of the memorial now to be read, with feelings of love and respect for the memory of the departed; feelings which were intensified and purified, as each event of his useful life, and each trait of his sterling character passed in review; feelings which, they are sure, are in unison with those of your hearts, as you think of him as living or as dead.

Walter Williamson was born in Newtown, Delaware County, Pennsylvania, January 4th, 1811. His father was the third lineal descendant of Daniel Williamson, who came from England to America with William Penn,

in 1682. The family being in membership with the Society of Friends, ever since the rise of Quakerism, the family records may be found in the books of the Society so scrupulously kept for such purpose. The heads of the family in each generation being possessed of property, and having a fancy for investing their means in real estate, their possessions are the subjects of record in the counties in which they have resided. A family trait is noticeable through all their generations in this country—that of giving to each member of the family a sound English education, and, to those who have entered the professions, a sufficient knowledge of the classics. Of all the studies pursued by the subject of this memorial, during his scholastic training, mathematics was to him the most attractive. The ordinary branches of a plain English education, including geography, grammar, and arithmetic, were mastered at an early age, and, in his eleventh year he entered upon the study of the higher branches. In literature, works on biography, history, and the natural sciences, were his favorites. At the age of seventeen years he left school, and engaged in mercantile pursuits with an elder brother. At nineteen years of age, it became evident that trade was not likely to engage his whole attention, and at this time some of the collateral branches of medicine, such as botany, mineralogy, and materia medica were engaging his attention. After one year had been spent in these preliminary studies—being then in his twentieth year—young Williamson entered upon the full curriculum of medical studies, in the office of Benjamin Rush Erwin, M.D. In the same year he entered the medical department of the University of Pennsylvania, and soon after became the private pupil of William E. Horner, M.D., the distinguished Professor of Anatomy of

NOTE.—Most of the incidents of the early life of Dr. Williamson here presented, are derived from an incompleted autobiographical sketch, found amongst his papers after his decease; the preparation of which had doubtless been commenced shortly before that sad event.—R. J. McC.

the University, the oldest and most celebrated medical school in America. During his pupilage, he conducted a course of examinations on Anatomy, with great satisfaction to the members of his class, and on several occasions received evidences of the friendship of his preceptor, Dr. Horner.

The Asiatic cholera, in its first and fiercest epidemic form, visited Philadelphia in the summer of 1832, and, in the almshouse, with a population of three thousand inmates, and in the numerous cholera hospitals, the subject of our sketch engaged in the study of this terrifying disease and its then treatment, and has left it on record that what he then witnessed of the latter was not calculated to inspire confidence in the known system of therapeutics. In addition to the two courses of instruction in the University, he attended one year's clinical instruction in the Philadelphia Almshouse, a course of lectures on Botany, Indigenous Materia Medica, Toxicology, &c., in the "Therapeutic Institute," and one year's course of Lectures and Examinations in "Chapman's Institute."

On the 27th of March, 1833, he received the degree of Doctor of Medicine, and on the 1st of April following, entered into partnership with his former preceptor, Dr. Erwin, in Delaware County. This partnership continued for but a single year, Dr. Erwin removing to another locality, which removal left a large practice in the sole charge of Dr. Williamson. One year afterward, Dr. Richard Gardiner wishing to sell his beautiful homestead, Dr. Williamson became the purchaser, and moved to it, in Newtown Township, Delaware County. This change of residence was not made for the purpose of increasing the amount of his business, for he already had sufficient to occupy all of his time, but the new purchase was but four miles distant from his former residence, and it was his native place, and the home of his family for four generations. Dr. Gardiner's practice was lucrative and extensive, and as Dr. Williamson's new home was within

the circuit of his former practice, many families from his old locality still continued to employ him, and thus his ample business became, in 1836, quite burdensome.

On the 10th of August, 1833, Dr. Williamson was married to Mary Matilda Massey. Their first child, a daughter, was born May 14th, 1834.

We thus see the subject of our memorial advanced, in the comparatively brief period of three years, from a beginning, although a very good one, to a very large field of practice, embracing the circuits of two well-established practitioners, surrounded and respected by the friends and acquaintances of his boyhood and his near relatives and their friends, a husband and father, and the chief physician of the neighborhood; a position which he might contemplate with excusable pride.

For two years he had been an active member of the Delaware County Institute of Science, the monthly meetings of which he took great pleasure in attending. Dr. George Smith was President of the Institute, and had been, the previous year, a member of the State Legislature. On one occasion he spoke of a bill which had passed the House of Representatives, incorporating the "Allentown Academy of the Homœopathic Healing Art." The Rev. Mr. Parker, another member of the "Institute," also knew something of homœopathy. These were the first persons Dr. Williamson ever heard speak of homœopathy, and this occurred in the spring of 1836. In May of that year he met Dr. Gardiner in consultation, and the latter incidentally mentioned the stir that homœopathy was making in Philadelphia, and gave information as to where the scanty supply of publications on the subject could be obtained. In the latter part of the same month (May), he visited the bookstore of J. G. Wesselhœft, in Bread Street, Philadelphia, and purchased copies of all works on homœopathy in the English language, that were then and there for sale—being a few pamphlets,—and commenced reading them with avidity. In the course of the

next month, on the occasion of another visit to the city, he procured Wolf's Theses. On Sunday, July 3d, he was obliged to remain at home all day, and on that occasion read Hahnemann's Essay on Coffee, through the perusal and study of which he was thoroughly convinced of the truth of the homœopathic law of cure. But, although satisfied that the formula *similia similibus curantur* represented a true law of healing, he was by no means convinced of the efficiency of the small doses proposed for the treatment of diseases. Having a case on hand that had resisted the treatment of several excellent allopathic physicians in the county for seven years, he carefully noted down the symptoms and carried them to Dr. George H. Bute, in Philadelphia, with the request that he would prescribe. Medicine was received from Dr. Bute, which had a very prompt and decided effect. In the course of a few weeks thereafter, on the occasion of his next visit to the city, he obtained several homœopathic medicines, in the form of small pellets of the decillionth attenuation, in vials of the size of the barrel of a crow's quill, and began to prescribe for his own patients. Among the cases thus treated were two of irritation of the brain, cured by Belladonna, a case of hæmorrhoids, very greatly benefited by Alumina and Arnica, and a case of rheumatic pain in the region of the heart, relieved by Aconite.

Thus another step was gained, and confidence in the efficacy of small doses began to be established. But another maxim of the new faith, the basis of the whole structure, yet remained to be tested according to the rules laid down by Dr. Samuel Hahnemann. This was, that medicines when taken by the healthy will produce symptoms similar to those they are capable of curing in the sick. *Lobelia inflata* was selected for the trial, and its "proving" immediately commenced. The result was most convincing, and the symptoms then obtained were soon afterward published, and are now to be found incorporated with our Materia Medica. These investigations

and experiments were made by Dr. Williamson while residing in the country, and were conducted without advice or assistance, save such as he was enabled to derive from the scanty literature of that early day of homœopathy, and from a letter or two of encouragement from a friend in Philadelphia. This was in the summer of 1836, and at that time, the Allentown edition of "Jahr's Manual" was passing through the press, being furnished to subscribers in numbers, as issued. He became a subscriber, and gave in his full adherence to the new school of medicine. The very limited extent of homœopathic publications in the English language, prevented his acquiring sufficient practical knowledge of the system to enter fully upon the treatment of all cases as they occurred in his practice; but, nothing daunted, he resolutely set to work to acquire a knowledge of the German language, in order to be able to prosecute his studies in the original language of the school, without awaiting the slow progress of translators.

The wear and tear of close application to books, hospitals, and lectures during his pupilage, and immediately thereafter entering into a large and laborious practice, without any interim for the recovery of lost energy, had impaired his previously robust health, although he had had a degree of rest and recovery for a year or more; but now, the claims of homœopathy, and the enthusiasm with which he entered upon the study of the new medical doctrine, in addition to the toil incident to a large country practice, was too much for his strength. His health began to fail in September, 1837, but he continued to practice through the autumn and winter, until February, 1838, when he relinquished the practice of medicine, as he then supposed, forever, turned over his professional interests and location to his former preceptor and then brother-in-law, Dr. B. R. Erwin, and engaged in a business in the State of Maryland, which required but little mental effort, and afforded abundant opportunity for out-door ex-

ercise. This change of occupation was of great advantage to his health, and the vigor of youth was fully restored; but it failed to give satisfaction in other respects. A mind once imbued with the love of science will rarely be satisfied with any business which deprives it of its accustomed food—knowledge—although that business may yield sustenance for the body in abundance. The new relations he had established in Maryland continued for but one year, and the 18th of March, 1839, found him located in the city of Philadelphia. A large field for practice was now open before him, but homœopathy was in its infancy in the city, and the eight physicians of the school already resident there, appeared to be sufficient to transact all the business. Dr. Williamson made the acquaintance of Dr. Constantine Hering, in February, 1837, and that gentleman, with his usual enthusiasm for the cause of science and generous sympathy for every additional member of the new-school fraternity, invited the Doctor to his house and favored him with his friendship. Other homœopathic physicians, particularly Drs. Jeanes, Neidhard, Gardiner, Green, and Lingen, also gave him a cordial reception. Love of the cause of homœopathy was in those days a strong bond of union between the members of the profession, and the contrast in success of treatment by the new method soon brought the practice into notice, and introduced physicians rapidly into business. One circumstance materially assisted Dr. Williamson on his first entering into practice in this city. The leading members of the homœopathic school did not attend to the practice of midwifery. The new system was rapidly gaining popularity, being more particularly in favor with the intelligent and enterprising part of the community; and it was found to be a great drawback to progress that its patrons were obliged to rely on old school physicians for accoucheurs. Dr. Williamson, by a previous large experience and by other circumstances, was particularly adapted to the position of accoucheur; and his homœopathic

brethren lost no time in recommending him as such. This was followed by its legitimate consequences, and he was soon established in business; the good results not being confined to his interests alone, however, for the superiority of homœopathic treatment of ladies in confinement and of young children, over that of the old school, was made apparent, and helped to gain popularity for the new school. With the accession of other practitioners to the homœopathic school, however, this special department became divided amongst the many; but by that time Dr. Williamson was already established in one of the most extensive and lucrative practices in the city.

On the 10th of April, 1844, a convention of the "Practitioners of Homœopathy of the United States" was held in the city of New York, in pursuance of a call issued by the "New York Homœopathic Physicians' Society," for the purpose of considering the expediency of forming a national organization. This resulted in the formation of the "American Institute of Homœopathy," the oldest national medical association in this country. Dr. Williamson attended this convention, took part in its deliberations, and assisted in forming the national organization. He was an active and prominent member of the Institute up to the time of his decease; attended its annual sessions with great regularity; was an active, faithful, and efficient committee-man, and filled the office of president, and held other responsible and honorable positions under its organization, with satisfaction to his fellow-members and credit to himself.

At a meeting of the "Central Bureau" of the Institute, of which he was a member, held in Philadelphia, in February, 1848, it was agreed to petition the legislature of Pennsylvania, then in session, for a charter for a homœopathic medical college, to be located in Philadelphia. Accordingly, a petition was at once drawn up by the Doctor, who acted as secretary, and in the course of a few days a long list of signatures were obtained and the petition was

forwarded to Harrisburg. On the 8th day of April, 1848, an act to incorporate the "Homœopathic Medical College of Pennsylvania, in Philadelphia," was passed by the legislature. On the organization of the College, Dr. Williamson was chosen to fill the chair of "Obstetrics and the Diseases of Women and Children," and commenced lecturing in October, 1848, at the opening of the first session of the College. He filled this chair during four successive courses of lectures. On the occasion of the death of Caleb Bentley Matthews, M.D., a member of the College faculty, and at the unanimous request of his colleagues, he was transferred to the chair of "Materia Medica and Therapeutics." He delivered three courses of lectures on this branch of medical science. In the spring of 1856, on account of ill health, he resigned his professorship and went to Florida. After his return to Philadelphia, not feeling able to perform the duties of an active professorship, he was elected Emeritus Professor of Clinical Medicine. He delivered a lecture once a week during the two succeeding sessions of the College; until, in the fall of 1857, he was re-elected to the chair of Obstetrics, &c., and delivered two courses of lectures from that chair, resigning finally in the spring of 1859. From this time he ceased taking an active part in college affairs, although always deeply interested in the education of homœopathic practitioners, until the organization of the Hahnemann Medical College of Philadelphia, when he again entered the field as a lecturer, in the capacity of Emeritus Professor of Obstetrics, &c., in the new institution. During the troubled times which followed the organization of the new college, he acted as a peace-maker; a part he was well fitted to fill, holding, as he did, the respect and confidence of the opposing parties. He assisted in bringing about the junction of the two schools, and subsequently lectured on hygiene in the conjoined institution.

He took great interest in the organization and progress of the State Medical Society (Penn'a), and was elected its

president in 1868. He was likewise in active membership with the various homœopathic medical societies formed in Philadelphia, assisted in organizing this society, and was its honored president at the time of his lamented decease. He was one of the most faithful of attendants at the meetings of all medical societies to which he belonged, and always held himself in readiness to serve in any capacity, or to do anything that gave promise of furthering their interests or increasing their usefulness.

Although unusually robust and of vigorous frame, and a man of most exemplary habits of life, the incessant toil to which he subjected himself by his multifarious occupations, could not fail of making inroads on his health. In 1855 he had a severe spell of sickness, which it was feared would terminate fatally, but he was spared for future usefulness. At several times afterwards his health failed, but he seemed to be able to shake off disease by taking rest, together with proper medication. He had been ailing for some time prior to his last sickness, but care and rest gave hope of recovery both to himself and friends. After one of these premonitory attacks he visited the White Sulphur Springs of Western Virginia, and on his return seemed to have been greatly benefited by the trip. At this time he was engaged in preparing a history of Homœopathy in this city and vicinity, and likewise felt that he had duties to perform as the associate editor of a medical journal, as the president of an active county medical society, and as a member of a most important committee of the American Institute of Homœopathy. Unfortunately, while needing perfect rest of body and mind, he took to work again, with the feeling that he must fulfil his obligations to his colleagues and the profession; and thus, whatever he might have gained by relaxation and travel, was lost. Although relieved in a great measure of the cares and labor of practice by his son, Walter M. Williamson, he was led by his kindness of heart to visit an old friend and patient, on a cold day

in the early part of last winter, and the exposure he was subjected to on that occasion no doubt hastened the end. He became worse rapidly, and although he thought he had fitful glimpses of returning health, nevertheless his strength wasted, he gradually sank, and quietly died, in the early morning of December 19th, 1870. His mental faculties were unimpaired until almost the last moment of his earthly life.

The more carefully the life and character of Dr. Williamson are studied, the more beautiful do they appear. He presented, morally and mentally, the full measure of a true manhood. Fervently but unostentatiously religious, the tenor of his life gave evidence that his guiding principles were those of the Christian religion. Singularly honest, his integrity of purpose and sentiment was of that sterling type which holds in contempt that measure of human weakness which prompts men to deceive. He could and did overlook and forgive grave faults, but a person once thoroughly proven to have deceived him or others, was never again admitted to his confidence. His professional integrity was thoroughly understood and appreciated by his professional brethren, and so great was their confidence that a statement made by him was never questioned. He was zealous in according to his colleagues all the honors they were entitled to, and never withheld praise when he deemed it justly due. In this connection it may be mentioned that, in the preparation of a history of homœopathy in Philadelphia—the last labor of his life—he was anxious that each member of the profession referred to should be made to appear in his best light, and he was especially careful to note that one physician, whose life has now reached beyond threescore years and ten, and who has, by reason of age and infirmity, almost passed from professional view, should have full justice done him as one of the pioneers of homœopathy in Pennsylvania.

He was always genial and friendly in society, and especially enjoyed the social gatherings of medical men, and

entered into the pleasures of such occasions with great zest. Although sincerely attached to his older friends in the profession, it is noticeable that he was especially fond of the company of the junior members, by whom he was always treated with the most profound respect. He was always kind, and did not repel younger men by an assertion of superior knowledge and wisdom, but secured their confidence and regard by the utmost cordiality and courtesy. Those of us who accompanied him to the meeting of the State Medical Society at Wilkesbarre, in 1869, will never forget how greatly his presence enhanced the pleasures of the trip, nor how his hearty laugh rang out at every merriment; nor will those of us who went with him to Erie and Chicago last year, soon cease to think of the pleasant hours made yet more pleasant by his cheerfulness, urbanity, and conversational powers. His love for the society of young men doubtless grew in part out of the fact, that he had been for so many years engaged in the education of young aspirants for medical honors; but it was no doubt largely due to his own hearty nature, which naturally sympathized with the exuberance of youth. He was proud, too, of the rising generation of homœopathic physicians, and always spoke of their achievements in terms of warm sympathy and admiration. It will doubtless be remembered by the Society that, at a meeting held shortly after the session of the American Institute of Homœopathy in Boston, in 1868, on giving in his report as delegate, he spoke most cheerfully of the future of the Institute and of homœopathy, and, with a warmth of feeling which doubtless surprised his auditors, alluded to the young men who were present at that meeting in force, as in every way worthy to be the successors of the noblest pioneers of our art.

As a *teacher*, Dr. Williamson was always interesting and instructive. He was able to draw from his very large experience, illustrations which served to point his text; and his forcible and emphatic manner of present-

ing such facts as he thought demanded special attention, never failed to make an indelible impression on the student's memory. No college professor was ever more successful than he in gaining the respect—nay, the love—of his class. He looked on the students as his children, who demanded not only his parental care and instruction, but as well, his parental admonition when he thought it needed; and they looked up to him as to one standing *in loco parentis* to them all. Scattered all over the civilized world will be found practitioners of homœopathy, who received a portion of that knowledge which has served them well from his lips, and who cherish his memory as a kind and affectionate counsellor and friend, as well as teacher.

He was essentially a *worker* for the cause he so ardently espoused. Believing homœopathy to be the true method of medical practice, every effort to advance it had his firm support and the benefit of his sound judgment; and no enterprise of moment undertaken in the interests of the school, failed to secure his active co-operation. In addition to his labors as a College Professor, he worked hard for many years, as a member of the "Central Bureau" of the American Institute of Homœopathy; and his colleagues of those times will bear witness to his untiring zeal and efficiency. Shortly after being convinced of the truth of the homœopathic law, he commenced a system of proving medicines on himself and others, which was continued while he was a member of the "Central Bureau," and for years afterwards, until within a short time prior to his death. By this means he was enabled to make many valuable additions to the pathogeneses of drugs, and, indeed, to add some valuable remedies to the Homœopathic Materia Medica. Of these may be mentioned principally *Triosteum perfoliatum*, *Phytolacca decandra*, and *Podophyllum*. The knowledge we have of the last named and most valuable remedy, is derived almost entirely from his provings, and if its introduction to the Materia Medica was the only work of his life, it would of itself be suf-

ficient to demand that his name and work should be held in grateful remembrance.

He was an active member of medical societies, filled the highest offices in all to which he belonged, and was one of the most faithful attendants at their meetings. During debate on medical or other questions, it was his habit usually to listen attentively to others before rising to speak ; but he never failed to set forth his views in a clear and forcible manner ; and, while treating all opponents in debate with the utmost liberality and courtesy, he never refrained from pointing out what he conceived to be errors. He always obtained the close attention of his auditors, for they felt that whatever he gave utterance to was the resultant of ripe judgment drawing upon extensive experience.

His contributions to homœopathic literature are marked by their practical nature, and by their clear and vigorous expression. He was emphatically a hard student, and cultivated almost every field of literature. This enabled him to write with great precision and judgment, while his large experience with disease and its treatment, gave weight and authority to whatever he penned. He often said that it was no easy task for him to write ; but his numerous papers and reports attest the fact that few men of our school could write more intelligibly or usefully than he. In 1855, he published a treatise on the Diseases of Women and Children, which remained as a text-book until superseded by larger and more comprehensive works. He was a constant contributor of papers to medical societies and journals, and filled, at various times, the positions of editor and sub-editor ; while his numerous reports to the American Institute of Homœopathy, are monuments of his ability and industry.

No physician of our school could command more powerful influence than Dr. Williamson. His natural traits of character soon converted his acquaintances and patients into warm personal friends, and by this means he was often enabled to gain the assistance of men in high posi-

tion, for the benefit of our school, which he did not hesitate to avail of on all suitable occasions. The widespread and sincere sorrow that succeeded to a knowledge of his decease, attested the place he held in the affections of his friends and patrons.

As a physician, he was in every way successful. His practice, as we have seen, was large and lucrative, almost from the commencement of his career, and many of his earliest patients had him for their and their children's and grandchildren's medical adviser, up to the time of his death. His conduct towards his professional brethren was marked by that integrity and courtesy which were essential parts of his character. Always kind-hearted, he seemed, during the latter years of his life, to soften more and more; and this, more especially, towards his fellow practitioners. A few years prior to his death, a well-beloved, and we might say favorite daughter, was suddenly called to her heavenly home. This event, while it saddened, noticeably had a softening influence on his heart, and drew him still more closely to his friends.

It was in his home life that he was most happy. There he was the centre of the family group, the revered and beloved husband and father, the wise counsellor and faithful friend, and the pleasant companion of them all. Whatever shadows the cares of life cast upon him, he presented only a sunshiny face to his children, and derived his greatest earthly happiness from that of those who were so dear to him.

Your committee has thus attempted to portray the life, character, and work of Walter Williamson. He has gone from us, fellow members, but his memory and his example remain. In what more appropriate way can we close this memorial than by quoting the words adopted by this Society, when assembled here to do honor to his memory as the first shock of our loss came upon us:

“Realizing the vacancy in our midst, and the increased obligations that have fallen upon us by reason of his death,

we will draw fresh inspiration from his example, and consecrate ourselves anew to the advancement of the cause he served so faithfully and well, and to which he unselfishly gave his talents and his life."

INTERMITTENT FEVER.

BY T. DWIGHT STOW, M.D.

(Read before the Central New York Homœopathic Medical Society, Sept. 21st, 1871.)

THIS fever, with its quotidian, tertian, and quartan varieties, has been regarded as a great bugbear by most homœopathists, and taken hold of by most practitioners, particularly of our school, with reluctance. It is a disease trying to the patience of the patient, as well as to the practitioner. For unless in homœopathic practice the remedy homœopathic be found and given in the right potency, it is very likely to have an indefinite duration. On the other hand, if the paroxysms be suppressed, allopathically, by huge doses of some antiperiodic or febrifuge, the paroxysms are likely to return every seven, fourteen, or twenty-one days, or the patient be rendered cachectic, weak, and generally used up, by frequent suppressions.

An allopath of our village said to me that he expected to see the paroxysms return every week or two, and that was about all that could be done while the miasm was acting, as during warm weather.

As to the charges made against homœopathy, that it is powerless, and that recourse must be had to quinine, in large quantities, in this disease, I protest against them and the practice. I am confident in saying, that in no malady are the beauties and intrinsic value of homœopathy so well shown, as in the treatment of intermittents.

I am sure the practitioners of our school need have no fears of a comparison of results between homœopathy and allopathy. Why, the world is full of allopathic failures to cure this disease. It is a common thing, in sections where

this fever abounds, to find cases, which, under allopathic practice, run six, eight, and twelve weeks, or as many months.

But, in the treatment of these fevers, care must be taken to select the remedy in accordance with homœopathic principles, and, as a *rule*, not to be afraid of *high* potencies, although cases occasionally turn up requiring low powers.

Although I have made mistakes in treating this disease, and have failed to cure a few, yet I can look back with satisfaction and some pride to the results of my practice. Allow me to say, just here, that *I have never seen more than one or two cases of this fever return, after being cured strictly homœopathically, and a homœopathic cure is not long in coming.* This statement is corroborated by many others.

My plan is nearly as follows:

- 1st. Get the symptoms before and during the chill.
- 2d. Symptoms during the pyrexia.
- 3d. Symptoms during the sweating stage.
- 4th. Apyrexial symptoms, *particularly* if one or more stages be absent, or not well marked.
- 5th. To lay *stress* upon the characteristic symptoms.

In our county (Oswego), where intermittents abounded, and still to a good extent exist, the following remedies have been chiefly used, and of the cases corresponding with the pathogeneses of these drugs, I shall at present and in the future speak.

Arsenicum; Carbo veg.; China; Cina; Capsicum; Causitic.; Cimex; Eupatorium; Ignatia; Ipecacuanha; Lachesis; Lycop.; Mercurius viv.; Nat. mur.; Nux vom.; Phos.; Phos. acid; Pulsatilla; Rhus tox.; Sepia; Silicea; Sulph.; Tart. emet.; Verat.

A chill in the afternoon, and later, dry heat with burning externally, and coldness internally; much thirst for *small* draughts of not too cold water; great prostration.

restlessness, and anxiety; clammy perspiration, indicate *Ars.*

One-sided chill during the p.m.; great prostration, with icy coldness of whole body; thirst, and rapid sinking; small pulse; contracted, cold, and cadaverous tongue and face, indicate *Carb. veg.*

Chill *more* marked than the other stages, and left-sided. Internal chill, followed by perspiration, and later, heat, all occurring toward and during the evening, indicate *Causticum*.

Chill, generally in the forenoon, with great internal coldness, and icy cold hands and feet; chill aggravated by drinking cold water; thirst only after the chill, or after fever; fever, with restlessness; long-lasting fever; profuse, debilitating perspiration, parboiling the skin, and extending far into the night, indicate *China*.

The first case of intermittent fever I ever had, was that of a child in Ontario County, N. Y. First, a chill in the afternoon, not mitigated by heat; heat mainly in face; vomiting during chill. I did not then know what to do, and so studied up the case. I found more symptoms during the apyrexia than at any other time. The child was pale and puny, but with bloated abdomen; a foul breath; occasional, thin, whitish diarrhoea; rubbing the face, ears, nose, and perineum; wetting the bed; starting in sleep; lying on the belly; restlessness at night; continually rolling over and about; throwing away everything given it, and crying at nothing. Two prescriptions of *Cina* cured the child entirely.

On one or two occasions I have cured this fever with the following symptoms: A well-marked chill, and afterwards thirst, but no fever; when the patient drank she lost breath, gagged, had dyspnoea, and a gagging cough. Cured with *Cimex lect.*

Capsicum patients have hard chills, commencing in and spreading over back. Most patients back up to the stove, or have jugs of hot water, a soapstone, or hot flats, put

close to the back, and cry out "*Oh, how good that feels!*" and get better thereby. Violent thirst with chill, drinking cold water aggravates. Heat, with no thirst, but with tendency to perspire.

HOMŒOPATHIC TREATMENT OF INTERMITTENT FEVER.

BY H. V. MILLER, M D.

(Read before the Central New York Homœopathic Medical Society, Sept. 21st, 1871.)

THE cause of intermittent fever is doubtless vegetable decomposition.

During the chill there is a rapid rise of the internal temperature, the arterial blood receding from the contracted superficial capillaries, and the venous blood becoming stagnant.

The degree of heat, of course, increases during the hot stage, when the circulation is re-established.

General perspiration restores the temperature of the body to its natural standard.

Among the diseases superinduced by quinine, the great allopathic hobby in intermittent fever, are rheumatism of the extremities, china-cachexia, chronic diarrhœa, ascites, and organic diseases of the liver and spleen.

When there is a spontaneous enlargement of these organs, it is said to be too hazardous to administer this drug in large quantities.

In general, the larger the dose required to suppress the paroxysms, the more unsuitable is the drug to the case. If this, or any other drug, has no elective affinity for a case, its administration must result in more or less injury to the vital forces.

It would be a very simple and easy thing to cure ague or any other malady, if the same medicine would answer in every case. But unfortunately it is found that quinine as an ague specific, "keeps its promise to the ear, but

breaks it to the hope." It fails about as often as blue pills fail in liver affections, though it may serve to suppress or postpone the disease. This frequent failure is to be ascribed to the same cause, that of treating all cases of the same disease in the same manner.

Other maladies require treatment by individualization, on account of the variety of symptoms presented in different cases. Different localities present different phases of ague. And there is as much diversity in the symptoms of different cases of this disease, as in those of any other complaint.

Hence it would be natural to suppose that its treatment should not be an exception to the general rule, but that it should require the same scientific discrimination.

After bravely taking the bull by the horns, he is found not to be such a terrible fellow to handle as might have been expected. Discriminative treatment is successful, because each remedy is truly specific in its own proper sphere, representing a class of cases similar in their important characteristics.

When a remedy is well selected it will, in most cases, cure very promptly and thoroughly. And such a case is very apt to stay cured, even if it does sometimes require perseverance to find the appropriate remedy; when the selection has to be made from a multitude of drugs, the patient will, in the end, be abundantly compensated by the satisfaction of having a good cure. But if a careful prescription fail, as it sometimes will, especially in ague, it is because the symptoms of the case are not fully developed.

Homœopathy often promptly cures cases that baffle the old generalization plan.

As cholera and dysentery epidemics are sometimes preceded or accompanied by a severe form of intermittent fever, so they are often found to be curable by the same class of homœopathic remedies.

We have many remedies superior to quinine in intermittent fever, being more frequently indicated, and, there-

fore, making better cures. I will mention Ipec., Ignat., Nux vom., Nat. mur., and Sulph.

In individualizing cases, it is requisite to carefully observe the symptoms of each stage, and especially the time when, and the place where the chill begins; the degree of thirst during each stage; the apyrexia symptoms, and the prominent characteristics of each case.

The following characteristics are selected with the design of aiding the study of the homœopathic therapeutics of intermittent fever. They may serve as convenient nuclei, around which subsequently more complete indications may be grouped.

Treatment.

Hering recommends pulverized Sulphur worn in the stockings, as a preventive in some cases.

Eupat. purp. is said to be an excellent preventive; but probably the best prevention is the remedy that would cure the case when fully developed.

At first, unless some other remedy be distinctly indicated, give Ipec., which will either prove curative alone, or develop the case, and prepare the way for another remedy.

Special indications for Ipec. after large doses of quinine: gastric symptoms; chill *increased* by the application of external warmth.

Ignat., chill *relieved* by external warmth; jerking of limbs, jactitation.

Nux vom., extremities feel paralyzed, deadness of fingers, and blue nails during chill.

China, all sorts of complaints before the paroxysm, headache, nausea, canine hunger, &c. During paroxysm, veins enlarged, congestion to the head, &c., profuse sweat of the parts on which patient lies.

Chin., Sulph., during paroxysm, pain in dorsal vertebrae on pressure.

Ars., apyrexia never clear; sleepless the night before

the paroxysm; great restlessness during paroxysm, and great debility afterwards.

Apis, during apyrexia, pain under short ribs, especially on the left side; swollen feet, and scanty urine; great soreness of all the limbs and joints; nervous excitability; restlessness; urticaria.

Arn., bones ache; bed feels too hard.

Antim. cr., great melancholy; thick-coated tongue; gastric symptoms.

Bry., stitches in sides of chest, with hard cough; stitches in abdomen, and rheumatism in extremities,—all worse on motion.

Canchilagua. Von Tagen in the American Journal of Materia Medica, highly recommends this remedy, especially in spring intermittents. Symptoms: nausea, retching, and vomiting of mucus tinged with bile; very severe chill, with chattering of the teeth, and shuddering of the whole body; extreme paleness of the face, hands, and lips; the skin of the hands resembles a washerwoman's after leaving the tub; sometimes excellent appetite during apyrexia.

Caps., chill coming on gradually until the extreme point is reached, then as gradually declining. During fever (heat?) face is alternately pale and red.

Cin., clean tongue, with vomiting and diarrhœa; rubs the nose, &c.

Coccul., intermittent fever, with colic and lameness of the small of the back.

Eupat. perf., painful soreness of the eyeballs; also, of the wrists, as if broken or dislocated; great weakness, and fainting during fever; back and limbs ache as if broken.

Eupat. purp., chill begins in back like Caps.; violent shaking, with comparatively little coldness; thirst, and violent bone-pains during chill and heat; sweat of upper part of body. (When the purp. has been accidentally

used instead of the perfoliatum, it has repeatedly cured the case with dispatch.)

Fer., paleness; whiteness of the inner surface of the mouth.

Gels., delirium; vertigo; sensation of falling; *does not wish to be spoken to or to have company.*

Kali c., chill and heat, with dyspnoea; constriction of the chest, and pain in region of the liver; during chill, hot hands.

Lyc., circumscribed redness of the cheeks; cough, with thick, yellow, salty expectoration.

Nat. mur., violent headache, especially during heat; fever blisters or scabs on lips; ulceration in the commissures of the lips; drawing pain in the limbs; bone-pains during chill; *perfect relief from the sweat*; cutting pain in the urethra after micturition. Von Tagen reports 105 cases cured by Nat. mur. last spring and autumn.

Opium, during fever, stupor and stertorous breathing.

Psorin., *profuse perspiration when taking the slightest exercise.*

Rhus tox., dry cough during chill; hard chill, with severe backache, and restlessness, with constant change of position (Ars., restless during paroxysm); shooting and tearing pains extending down the limbs; heat, with urticaria. (See Apis.)

Sepia and Sulphur are severally indicated when one of their prominent characteristics are present. Sulphur is a very important remedy in ague. It is often indispensable, either in early stages or later to complete the cure.

Tartar emetic, yawning and stretching are prominent symptoms.

Ustilago madis., relapsing agues; very profuse sweat; slight nausea; oppression of chest; cerebral disturbance and great irascibility.

Verat., chill and coldness predominate; cold, sticky sweat; great exhaustion.

CLASSIFIED CHARACTERISTICS IN INTERMITTENT FEVER.

Time when chill begins.

Eupat. perf., 7 to 9 A.M.
 Nat. mur., 10 to 11 A.M.
 Stan., 10 A.M.
 Cactus, 11 A.M. or 11 P.M.
 Elaps., at noon.
 Lach., 12 M. to 2 P.M.
 Calc. c., 2 P.M.
 Angust., violent chill every P.M. at 3 o'clock.
 Apis, 3 to 4 P.M.
 Lycop., 4 P.M.
 Hep. s., 6 or 7 P.M.
 Magnes. sulph., chill from 9 P.M. till 10 A.M.
 Ignat., chill late P.M., or evening. (Apt to postpone or antepone.)
 Lyc., Puls., and Rhus tox., evening paroxysm, lasts all night.
 Bry., chilliness mostly in the evening, and often only on the *right side*.
 Arn., early A.M. or P.M., with thirst before chill.
 Ant. cr., P.M.
 Ant. tart., night.
 Acon., Anac., Caps., Carbo veg., Gels., Merc., evening.
 Kali c., towards evening.
 Euphras., forenoon.
 Ars., Bry., and Sulph., at all periods.
 Bell., at all periods except P.M.
 Chin., " " " night.
 Verat., " " A.M. and night.
 Nux v., Puls., Rhus., Spong., Cin., all periods except A.M.
 Chin. sulph., regular paroxysms.
 Diad. and Gels., chilliness every day at precisely the same hour.
 Diad., no heat nor sweat following.

Place where chill begins.

Mosch., in scalp.
 Val., in neck, running down the back.
 Bry., in lips, tips of fingers and toes; also often only on right side.
 Carbo veg., in left arm (also one arm).
 Merc. peren., in right arm.
 Hell., in arms.
 Gels., in extremities.
 Apis, in front of chest.
 Lith., Spig., and Cicut., in chest.
 Calc. c., in scrobiculus, with spasms, or fixed, cold, agonizing weight.
 Ratanhia, in back and sides.
 Caps., Dulc., *Eupat. purp.*, Gum. g., Hippomanes. Nat. mur., and Nit. ac., in back.
 Stront., A.M., chill from sacrum to posterior part of thighs.
 Chin., below knees.
 Sep. and Nat. mur., in feet; but Sep. may have coldness of hands and deadness of fingers.
 Sulph., in toes.
 Nat. m., Rhus tox., and Spig., unilaterally. (Rhus and Nat. mur., right side.)
 Caust., chill predominating, frequently with coldness of left side.
 Lye., unilateral, mostly left side.
 Rhus tox., in hands.

DIRECTION OF CHILLS.

Ascending.

Kali hyd., chilliness and drowsiness, ascending from the lower part of the back and through the whole body, 6 to 8 P.M.
 Merc. sulph. and Magnes. sulph., chills ascend the back; Magnes. sulph., evening.
 Lach., chills ascend the back often on alternate days.
 Oxalic acid, chilliness ascending from below upwards.
 Zingib., chills begin in lower limbs, ascending.

Descending.

Stram., Staph., Sulph. ac., Zinc, chills descend the back.
 Val., chill begins in neck, and descends back.
 Phos., chills descend back; heat ascends back.
 Caps., Eupat. purp., Ruta, chilliness chiefly in back, running up and down.

THIRST.

Bry., Nat. mur., and Eupat. perf., great thirst during all stages; but in Eupat. perf. it begins long before the chill, and, after drinking, vomiting.
 Fer., thirst during chill and red face.
 Arn., thirst before and during chill; drinks much and vomits afterwards.
 Caps., thirst only during chill; worse after drinking.
 Cin., thirst only during chill or heat.
 Kali c., thirst mostly during chill.
 Ignat., thirst only during chill, or in *short spells*, independently of any stage.
 Led., chilliness with thirst, and sensation as if cold water were poured over the parts.
 Acon. and Ipec., great thirst during heat; Acon., with inclination to uncover.
 Nux v., great thirst during heat, and desire to be covered, because uncovering or the slightest motion causes chills.
 Ars., thirst during heat; drinks little at a time, but thirst is greatest during the sweat (Chin. and Chin. s.), drinks copiously then.
 Chin., thirst before, not during chill and heat, and during sweat. Contraindicated when there is *much thirst during cold or hot stages*.
 Chin., Sulph., thirst mostly during sweat.
 Lycop., thirst after sweat.
 Ant. cr., Ipec., Nitric ac., and Puls., *no thirst*; or in Puls. during chill; Puls. also gives, long chill, little heat, no thirst.

CASES OF INTERMITTENT FEVER.

CASE 1—*Complications of Metrorrhagia, Cholera Morbus, and Intermittent Fever.*—June 20th, 1871. Lady of sanguine temperament; has had metrorrhagia two or three days; some coagulæ with fluid blood; griping pains in hypogastrium; some vomiting and diarrhœa, and fever of a periodical character; thirsty; irascible; during catamenia always feels ugly. R. Cham.^{cc}, three doses, with

speedy relief of pains, and general subsidence of hemorrhage.

June 21st. The following sulphur symptoms have supervened: vertex-heat; icy cold feet, and 10 A.M., hunger. *R. Sulphur^{cc}*, six doses removed these symptoms.

June 22d A.M. Same patient, during the night, has had a severe attack of cholera morbus, increasing in violence. Characteristics: violent vomiting and diarrhœa, both of yellow water; much flatus. One dose of *Gratiola^m* sufficed to make a perfect cure. There was no return of either vomiting or purging.

June 24th. Same patient. The "Port Byron Ague" is fully developed; chill at 3 or 4 A.M. lasting two hours; then a thorough shake until 7 A.M. with thirst, and severe headache and backache; feet cold as ice; then heat with headache and thirst. *R. Nat. mur.^{cc}*, two doses. No more paroxysms.

CASE 2.—July 3d, 1871. Tertian type has continued two weeks, during which time was treated unsuccessfully with massive doses of quinine. Symptoms: *severe headache, frontal and temporal*, during all stages, but *worst during the heat*; *great thirst in all stages*; profuse fetid sweat; white tongue; bitter taste, &c.; chill generally begins at 10 A.M. *Nat. mur.^{cc}*, four doses cured.

Some time afterwards had vertex-heat, hot flushes, frontal and vertex headache, &c. *Sulphur^{cc}*, six doses, removed these symptoms.

CASE 3.—The chief indication was: chill commencing in the small of the back. This was the third summer of the continuance of the fever, which had previously been treated suppressively with massive doses of quinine. *R. Caps.^{cc}*, six doses; two a day effected a speedy cure; no more chills; only some heat the second day afterwards.

CASE 4.—August 22d, 1871. Patient has had quotidian intermittent six weeks. Was treated suppressively by a botanic physician. Paroxysms continue, usually A.M. Shaking chill; heat; then cold clammy sweat. During

hot stage, heat of palms (Nux); some thirst; always bad constipation. *R. Nuc.^{cc}*, with abatement of symptoms.

September 1st. Burning in stomach; thirst and headache during chill and heat; cold sweat; spleen tender; type anticipating. *R. Ars.^{cc}*, a few doses.

September 3d. Chill still anticipates, *beginning in the arm on which she lies*; during chill, fingers pale, cold, and numb; buzzing in the ear on which she lies. *R. Carbo veg.^{cc}*, six doses. No more chill. Hot stage only once afterwards. General improvement rapid.

September 17th. Hot flushes, then cold sweat; 11 A.M., goneness and hunger; itching rash at night on undressing; sleepless at night; constipation. *Sulph.^{cc}*.

CASE 5.—July 27th, 1871. Chill at 11 A.M.; fever blisters on lips; yellow coated tongue; considerable thirst before and during paroxysm; severe frontal headache during heat. *R. Nat. mur.^{cc}*

P.M. Hot flushes and vertex-pain. *Sulphur^{cc}*, one dose.

July 28th. Paroxysms continue. *R. Nat. mur.^{cc}*.

July 31st. External heat relieves chill. *Ignat.^{cc}*, three doses.

Paroxysms lighter. Then sulphur symptoms supervening, gave a few doses of *Sulphur^{cc}*. No more ague symptoms.

THE GREAT DESIDERATUM.

BY C. HERING, M.D.

IN 1844, there appeared in the A. H. Z., Vol. 27, page 1, a very elaborate treatise on the homœopathic treatment of endocarditis, by Clotar Müller. To the symptoms obtained by the provings, he has added, not without skill and great ingenuity, the symptoms of percussion and auscultation, according to the cures reported. Noack and Trinks, in their Handbook, had just commenced to astonish the homœopathic world by their ready-made "*labels*" containing, in technical terms, the constitution,

temperaments, and all the imagined general characteristics of many of our drugs. These labels were eagerly translated and copied into an "original" big book on *materia medica*; and now, many years after, they pass for essentials in Hughes's Text-book. Yes, finding their way even into Burt's "Characteristics!" Such "labels" we can best liken to the red and blue flowers growing in wheat-fields. When the grain is harvested and prepared to yield such flour as we make bread of, they are separated and thrown on the dunghill. Pure observations continue to live forever.

Cl. Müller must have had a foreboding of this, for he says, on page 57: "Next to *Digitalis* no other remedy deserves a new proving as much as *Spigelia*, that is, a proving having for its object the auscultatory symptoms. Such a proving would give, with the very extraordinary specific influence *Spigelia* has on the heart, a great many more decisive and more certain results."

It bothers our learned author not a little, that, according to the cures made by homœopathicians, *Spigelia* had shown itself of great use in pericarditis, in all the stages of endocarditis, even the far progressed, in valvular diseases of different kinds, in hypertrophy, and, alas! also in dilatations. He wished, like Watzke, in the Vienna provings of *Colocythis*, *Aconite*, &c., to have such symptoms as would, above all, enable him to put *Spigelia* into one of the drawers of the sideboard invented by the pathologists of the late period.

In Edwin M. Hale's "Lectures on Diseases of the Heart," 1871, on page 88, we find the following remark: "*Spigelia* is an important remedy in pericarditis, but the provings were conducted with such disregard for physical or objective symptoms, or even correct subjective symptoms, that it is difficult to define clearly its curative sphere."

By "curative sphere" the author cannot mean anything else but the above-mentioned drawers in the sideboard. There was no difficulty whatever to "define clearly" the

effect of a number of herbs proved in a hurry, by a few, who were at the same time in a hurry to cure sick people with indigenous plants. The reason why there is such a difficulty here to "define the sphere," and to define it "clearly," is only *because it will not fit in the drawers*. And why does it not? There are too many symptoms, and there is a want of such as the author requires to "define the sphere."

But there is a school in medicine founded by a certain Hahnemann, who laid down as a main principle, *to select the curative drug according to symptoms, not according to spheres*. Now it happened that *Spigelia* had been given according to the corroborated and characteristic symptoms, not only in so many different diseases of the heart, but also in inflammatory diseases of the brain, the eyes, the lungs, in neuralgias of the eye, the face, the shoulders, the feet, &c., &c., also in catarrh of the stomach, in affections from worms, and even for squinting! *Will we have to put the heart, or the worms, in the centre of the sphere?*

Let us look back to the history of *Spigelia*, the history of the provings conducted with "disregard" even to "correct subjective symptoms!"

The provings of *Spigelia* were conducted by Hahnemann himself. He and his family had added ninety-five symptoms to the collection, when *Spigelia* was published in 1819. In 1815, a year after the victorious war against Napoleon, a few students had formed a class in Leipzig to attend the lectures of Hahnemann. Next to the practicing physicians outside of Leipzig, E. Stapf and W. Gross, they were the first who assisted Hahnemann in his explorations.

Hahnemann, who had published the first volume of his "Materia Medica" in 1811, without such assistance, could now come forward with a second volume in 1816, with a third in 1817, a fourth in 1818, and a fifth in 1819.

It was mostly the result of his own labors commenced in 1790. In 1810 he had laid down in his "Organon" the

rules how to prove drugs, with his usual great carefulness. He always had his own observations printed separately, and all those he had collected from other writers followed, and amongst the latter he arranged the symptoms obtained from his friends and his students. He even made a distinction as to what he received by "letters" from Stapf and Gross, what was handed to him by other friends, which he called "communications," and the provings of the class, which he styled "from a written paper," by such and such a one. His way of conducting provings was the following: After he had lectured to them on the rules of proving, he handed them the bottles with the tincture, and when they afterwards brought him their daybooks, he examined every prover carefully about every particular symptom, continually calling attention to the necessary accuracy in expressing the kind of feeling, the point or the locality, the observation and mentioning of everything that influenced their feelings, the time of day, &c. &c. When handing such a paper to him, after they had been cross-examined, they had to affirm that it was "the truth, and nothing but the truth to the best of their knowledge," by offering their hands to him; the customary pledge at the universities in Germany, instead of an oath. This was the way in which our master built up his *materia medica*.

Let us now see who were the provers of the *Spigelia* as it was printed in the 5th volume of "*Hahnemann's Materia Medica*" in 1819, and in the 2d edition of 1826.

Dr. E. Stapf, who had proved drugs since his conversion to homœopathy in 1813, added to the 2d vol. his observations on *Causicum*, *Arsen.*, *Pulsat.*, *Rhus*, and *Bryonia*; to the 3d vol. *Chamom.*, *China*, *Helleborus*, *Asarum*, *Ipecac.*, *Squilla*, and *Veratrum*; to the 4th vol. *Hyoscyamus*, *Digit.*, *Camph.*, *Ruta*, *Hepar s. c.*; and to the 5th vol., besides the *Spigelia*, *Muriat. acid.*, *Phosph. ac.*, and *Staphisagria*. Thus he had, since his conversion, during

the period of six years, made a proving for about every hundred days.

Next came his friend, *Dr. W. Gross*, who had since his conversion in 1815 proved for the 2d vol., *Ignatia* and *Rheum*; for the 3d, *China*; for the 4th, *Digitalis*, *Aurum*, *Chelidonium*, *Argentum*; for the 5th, beside *Spigelia*, *Sambucus*, *Thuja*, *Phos. acid.*, and *Staphisagria*; having thus proven about twelve remedies within four years, making at least one for about every three months.

Next to these came the great practitioner amongst the poor, *Chr. G. Hornburg*, one of the oldest students of Hahnemann, but who never could obtain a diploma, and, therefore, had to practice under constant persecutions (his box with medicines was once buried by the authorities with great éclat in a public place). He it is whom we have to thank for the first cures of pleurisy and pneumonia by *Aconitum*. He had proved on himself and others, particularly women, for the 2d vol., *Caust.*, *Arsen.*, *Pulsat.*, *Rheum*, *Rhus*, and *Bryonia*; for the 3d, *China*, *Helleborus*, *Asarum*, *Scilla*; for the 4th, *Digitalis* and *Ruta*; for the 5th, beside *Spigelia*, *Menyanthes* and *Staphisagria*.

Further, *Carl G. Franz*, the noble self-sacrificing man who introduced into our *Materia Medica* the *Asafetida*, *Cuprum*, the *Rinunculi*, *Valeriana*, and *Zincum*, had proved for the 2d vol., *Causticum* and *Rhus*; for the 3d, *China*, *Asarum*, *Stramonium*, and *Veratrum*; for the 4th, *Hyoscyamus*, *Digitalis*, *Aurum*, *Camph.*, *Ruta*, *Conium*, and *Argentum*; for the 5th, beside *Spigelia*, *Menyanthes*, *Cyclamen*, *Sambucus*, *Calcarea*, *Thuja*, *Taraxacum*, *Phosph. acid.*, and *Staphisagria*.

Franz Hartmann, the well-known author, had proved for vol. 2d, *Causticum*; vol. 3d, *China*, *Helleborus*, *Scilla*; vol. 4th, *Guajac*, *Ruta*, *Sarsap.*, and *Chelidonium*; vol. 5th, beside *Spigelia*, *Menyanthes*, *Sambucus*, *Calcarea*, *Mur. acid.*, *Thuja*, *Phos. acid.*, and *Staphisagria*.

C. Th. Herrmann, the apostle of homoeopathy in Russia, proved for vol. 2d, *Causticum*; vol. 3d, *China*; vol. 4th,

Aurum, *Camph.*, *Ledum*, *Ruta*, *Sarsap.*, and *Argentum*; vol. 5th, beside the *Spigelia*, *Menyanthes*, *Cyclamen*, *Phos. acid.*, and *Staphisagria*.

Hulda Becher (went to parts unknown), proved for vol. 3d, *China*, *Scilla*, *Veratrum*; for vol. 4th, *Digitalis*, *Ledum*, *Chelidonium*; and for vol. 5th, *Phos. acid.* and *Spigelia*.

W. E. Wislicenus, from a learned family, favorably known both in Europe and America, proved for vol. 3d, *China* and *Scilla*; for vol. 4th, *Aur.*, *Camph.*, *Con.*, and *Argentum*; for vol. 5th, *Euphras.*, *Menyanth.*, *Samb.*, *Calc.*, *Mur. ac.*, *Thuya*, *Phos. acid.*, and *Spigelia*.

Fr. Meyer, the prover of *Aphis Chenopodii glauco*, contributed to the 3d vol., *China*; to the 4th, *Digit.*, *Chelid.*, and *Argent.*; to the 5th, *Phos. ac.* and *Spigelia*.

Chr. Tr. Langhammer was one of the most zealous provers, and one of the most careful and successful. He was a hunchback, rather peculiar, and often the butt of ridicule to the class, but much favored by Hahnemann. He cured a blind girl, of great beauty and some income, who married him out of gratitude, and they lived together very happily. He looked upon his old classmates with great contempt, because his success in life had offended them. A stream of slanders has since been poured over him, and, of course, all has been carefully repeated by the "would be critics."

Fred. Walther, who went to parts unknown, proved with the class under the eyes of the master, for the 3d vol., *China* and *Squilla*; for the 4th, *Chelidonium* and *Sulphur*; and for the 5th, *Spigelia*.

Salomo Gutmann, a Hungarian, and the first homœopathic dentist, was the prover of *Menyanthes*, *Mur. ac.*, *Taraxac.*, *Phos. ac.*, *Staphisagria*, *Colocyuth.*, *Spongia*, *Drosera*, and *Stannum*. He became famous by the very peculiar ocular inspection he forced upon Professor Jörg, before a class of provers made up by the latter for the purpose of breaking down homœopathy.

E. Kummer, the youngest of the class, died as a prac-

ting physician in Saxony. Only *Taraxacum* and *Staphisagria* have appeared as proved by him, beside the *Spigelia*. He was one of the first who prescribed according to characteristic physiognomies.

Such were the provers of *Spigelia*. Most of them were *sufficiently experienced and skilled in proving*. Fifty years later it is stated that the provings were "*conducted with such disregard even for correct subjective symptoms,*" that it is "*difficult to define its curative sphere!*"

There are very few symptoms of this proving that have not been confirmed since, and all the most important over and over again. But the great fault of *Spigelia* is, that it will not fit in the drawers of the sideboard, and the great trouble with Cl. Müller is, that he wants auscultatory symptoms instead of the characteristics he ought to go by.

A few words about the so-called "*disregard for physical or (!) objective symptoms.*" In looking over the last edition of *Spigelia* we find the following:

Objective symptoms among Hahnemann's own, the whole or part of symptoms (22), 24, 25, 27, 28, 29, 31, 33, 47, 49, 50, 55, 59, 65, 69, 70, 71 (75), 76, 77, 79, 80, 81, 82, 83, 92, 100, 103, 121, 122, 123, 125, 127. Stapf, 126, 209. Gross, 338, 496, 511, 515. Hornburg, 361. Franz, 90 (W. Wright, 91 confirming), 199, 208, 293, 294. Hartmann, 191, 272, 275, 277. Herrmann, 171, 195, 285, 287, 291, 334, 352. Becher, 104 (P. Browne, 105 confirmatory), 113, 116, 186, 187, 196, 267, 268, 288, 289, 394, 441, 442, 462, 464. Wislicenus, 114, 353, 387, 513. Meyer, 174, 193, 274, 380, 520. Langhammer, 207, 270, 512. Walther, 190. Kummer, 111 (confirmed by C. Chalmer, 110, and Bergius, 112), 115, 260. Gutmann, 194, 255, 271, 273, 386, 451. Other, old school, objective symptoms, 106, 107, 117, 470 (66).

There are altogether about 100 objective symptoms, or 15 per cent. Are there as many in the *New Remedies* amongst the 79 remedies, on 1100 pages. Certainly not in proportion.

The "*New Remedies*" contain important additions to our *Materia Medica*—remedies we cannot do without hereafter—and many good provings; but with regard to *correct subjective symptoms*, is there a single one as well deserving of that title in the whole volume of 1100 pages as the one *Spigelia* proving of Hahnemann? The *Spigelia* symptoms have *nearly all been corroborated again and again*; the 130 symptoms of Hahnemann himself, and the 542 of others. Can this be said of the 79 new remedies?

But what is the great *desideratum* so ardently desired, from Cl. Müller in 1844 down to the "Lectures on Diseases of the Heart" in 1871? It has been repeatedly said during a quarter of a century, that the provers ought to get "auscultatory" symptoms! This was said first by one, then by two, three, and so on, and now it has become what some call "a public opinion"—an opinion of the majority. Let any one read the words (v. ii, p. 390) in Shipman's *Grauvogl* (and all ought to have it), "*Assent becomes a duty.*"* Auscultatory symptoms of provers are

* "What is commonly called *public opinion* is, plainly speaking, the opinion of two or three persons, and we should convince ourselves of the truth of this could we but see into the mode in which this public opinion originated. We should then find that there are two or three people who first assumed or declared or affirmed such a thing, and in whom others are so kind as to trust that they had very thoroughly examined it. Taking for granted that these had sufficient capacity of judgment, a few others also accepted their opinion; these again are believed by many others, whose indolence rather inclines them to believe it at once than to take the trouble to test it. Thus grows from day to day the number of such indolent, easily-believing adherents; for if the opinion had only gained a goodly number of advocates, those who adopted it afterwards attributed its popularity to the *quasi* fact, that those already accepting it could have done so only on account of weighty reasons. Others were now constrained to accept what everybody else accepted, lest they might pass for restless souls who were setting themselves up against generally received opinions, and for malapert hinds, who would be wiser than the rest of the world. Assent now becomes a duty. Now the few who are capable of judging must be silent; and those who are permitted to speak are those who, perfectly incapable of forming their own opinion or judg-

of course welcome, like all the other objective symptoms ; but it is a horrible mistake to suppose that there is so much depending on them. There is no necessity, no gain of certainty, in obtaining any auscultatory symptom from any drug ! In thousands of cases the remedy has been found, without having any such extreme or material symptom. We have to decide by the individualities of the given case, and we'll heal the sick by drugs that never produced such symptoms, and very likely never will. *Vice versa*, if a drug has really produced either valvular alterations, hypertrophy or dilatation, tubercles in the lungs, or exudations on the pleura, or anything else, such a drug never will cure the same unless the *characteristics of the case correspond with it*, and if these correspond, it will cure it, and the organic lesion will, if it is a possibility, be removed, no matter if the drug never *has* nor *will* produce it.

Guiseppe Mauro cured a case of hypertrophy with the sound of the purring of a cat (Arch. x, 1, 159), according to the symptoms of Hahnemann's provers, without any auscultatory symptom ; and *Bethman* (A. H. Z., 3, 109) a case of dilatation, where the stethoscope manifested the undulatory motion of systole and diastole, without any such symptom having been observed by any of the provers of *Spigelia*.

A. Haynel, P. P. Wells, and others have treated the

ment, are the mere echo of the opinions of others ; nevertheless, they are all the more zealous and intolerant advocates thereof. For they hate, in those thinking otherwise, not so much the diverse opinion they hold, as the arrogance of daring to judge for themselves ; something, by the way, which they never venture themselves, of which they are at heart conscious. In short, very few can think, but all claim the right of having opinions ; what else then remains for these latter since they cannot make opinions for themselves, but to adopt the ready-made opinions of others ? As this is the case, of what avail now are the voices of a hundred millions of men ? 'Dico ego, tu dicis, sed denique dixit et ille ; dictaque post toties nil nisi dicta vides !' "—*Text-book of Homæopathy*, by Dr. v. Grauvogl, part ii, p. 390, *ut seq.*

worst cases of valvular diseases with the greatest success, and given *Spongia* without having a single auscultatory symptom of the same.

Sulphur has been proved by nearly fifty provers; not one of them had the exudations on the pleura. We know it has cured in innumerable cases.

All the cures of diabetes mellitus made by *Nitrate of Uranium*, because a Frenchman had said his dog had sugar in the urine, were accidental cures, because the careful provings in Great Britain showed no sugar. All metals may cure diabetes, no matter if they produce it or not.

It is a great mistake to say, that if a drug produces a disease, particularly an organic lesion, it will cure such disease. It may, but only if it corresponds with the case, and it will then, if it never has produced any such organic symptom.

So much about the great *desideratum*; and if the *Lectures on Diseases of the Heart* have been stereotyped, we would advise, in the name of justice and in the name of true science and art, to cut out from page 88 the four lines quoted, and put in the following amendment:

Spigelia is an important remedy in pericarditis and other diseases of the heart, because the provings were conducted with the greatest regard for objective symptoms, and the subjective symptoms are by innumerable confirmations proved to be correct. It is thus very easy in every given case to define its adaptedness.

Auscultatory symptoms could not be expected in 1819. Berzelius in his analysis of "Carlsbad" did not use the spectroscope, because it was an unknown thing at his time.

The *Spigelia Marilandica*, very similar in its effects on worms and on the heart, but differing very much in form and feature from the South American *anthelmintica*, will be proved before long by American students, and if it also should be done by a class of thirteen, and under the

leadership of one who does not mistake *diastole* for *systole*, which has happened to the lecturer, a stethoscope shall be in the hands of every one of the thirteen provers day and night; and if the proving is conducted with the same care for obtaining *correct* subjective symptoms, there will be no "difficulty" whatever in "*defining clearly its curative sphere*," and even the difference between the two species.

REPORT OF TWENTY-SEVEN OPERATIONS FOR CATARACT BY THE MODERN METHOD.

BY MALCOLM MACFARLAN, M.D.

SINCE January, 1869, to date of present writing, October, 1871, I have operated, in all twenty-seven times, for the extraction of the lens in hard cataract by the method of Von Graefe, or the peripheric linear operation, as it is sometimes called; a method which has entirely set aside the old one of corneal flap without iridectomy, universally performed only a decade ago. Improvements of late years seem to have sprung up simultaneously, and inevitably tending to and centring in the operation called after one of the most original and brilliant operators of modern times. Mooren had foreseen the importance of an iridectomy previous to extraction. Then the scoop and improved instruments, and at last the exact place for the section most favorable to speedy union, were discovered. Now the main points of the operation are familiar to all.

Extended reports of cases operated on in this way, with accounts of successes and failures, the latter particularly if their causes and the manner in which they can be avoided are pointed out, are of the utmost value. Practice, in this operation, by leading oculists, who report their cases by fifties and hundreds, shows that with each successive re-

port the percentage of loss is less, and, what is better, they are enabled to teach others who have less experience, how to manage their cases thoroughly, in detailed and minute directions. Dr. Knapp, of New York City, formerly of Heidelberg, out of his first hundred cases in 1867 had 85 successful; out of the second hundred, in 1868, 93 successful; and out of the third hundred, in 1869, 91 were successful. Of course, included among the list successful were all grades of success, from those who had good vision down to those who had perception of light only. Out of a much larger number Von Graefe had the same average percentage of good vision, and only $2\frac{1}{2}$ per cent. of failures.

Dr. Hasket Derby, a distinguished oculist of Boston, out of 61 operations recently reported had 44 entirely successful, 3 failures, 6 with only partial success, and 8 unrecorded cases. In this city the operation has been performed several hundred times; but I am unable to obtain the exact statistics. Verbal reports from those who are supposed to know make the successes 75 per cent.; vision of less than one-fourteenth, 15 per cent.; and total failures, 10 per cent. My own results show 19 successful cases to 5 failures, and 3 cases with useful perception of light. According to leading operators, failures are chiefly due to iritis, corneitis, and panophthalmitis, from detached cortical substance and other causes, loss of vitreous, and the bad results following secondary operations for persistent capsule. Sloughing of the cornea is not near so frequent an occurrence as iritis, but often follows it, being often due to improper counter-puncture and bad corneo-scleral section; the counter-puncture being made too far back, causing injury to the ciliary apparatus and iris.

Another cause is the uneven way in which the charpie, or what is better, carded cotton, is placed in the cavity in front of the eyeball; the bulk often being placed beneath the horizontal meridian, and when pressure is made

the corneal and conjunctival flaps gape and do not unite. A plan which has been very lately recommended is, to seal the eyelids with transparent skin plaster, and crowd the bulk of the cotton in the cavity at the base of both lids, building it up and securing it by a long strip of adhesive plaster run from behind the ear to the forehead; Liebreich's four-tailed bandage then securing the whole. The skin plaster being quite soluble when the tears and secretion come in contact with it, instead of being retained, as would be the case with the linen, the fluids trickle down the side of the nose, and the dressings do not have to be changed so frequently. Corneitis, as a sequence of iritis, occurred in two of the cases of failure with me; one in my private practice, a gentleman over seventy, afflicted with double cataract, who had an undilatable and attached iris; and the other a clinical case, a colored woman aged sixty-seven, on whom I had previously operated on one eye with excellent results, but who, on the fourth day after the second operation, was seized with rheumatism and ciliary neuralgia. The iris at once became inflamed, and the cornea turned opaque, became fistulous and sloughed, the eye collapsing. In another case of failure the cause was found in the prolapsed iris being caught in the angle of the incision, and, being unable to free it without further injury to so delicate a structure, union was delayed, and bad, violent iritis being set up, there was, no doubt, too great traction on the iris. This accident is not so apt to occur if the forceps instead of the hook be used, and the iris seized a line or so from the external angle of the section. Instead of resorting to morphine or chloral in iritis, I have found the most gratifying and happy results from the use of *Rhus*, *Gelseminum*, and *Rhododendron*.

When the ciliary pain is at its height, the patient is exceedingly sensitive to touch all over the body, especially the hands and head, the pains being of an exceedingly fine, acute character, is fretful, the pains dart

along the temple, and are increased by touch or pressure. On examining the anterior chamber, you will find it containing an opaque, often purulent, fluid, and the upper portion of the cornea having a white appearance, as if of lymph, and the anterior chamber often prominent, the patient being exceedingly sensitive to light. Either of the medicines mentioned, according to separate indications, will generally give relief. Rhus has given me, however, the greatest satisfaction. In an aggravated case under my care this last month, in which I despaired of vision, the change was prompt and lasting under Rhus. Hot cloths are also an excellent adjuvant.

Another cause of failure was dislocation of the lens and escape of vitreous from insufficient capsule and too fluid a condition of the humor, resulting in panophthalmitis; which might have been avoided by an operator with more experience.

The fifth and last case of failure was due to iritis, escape of vitreous, and hemorrhage, consequent on Agnew's operation for capsular cataract. Three secondary operations on the capsule in other cases resulted in great improvement of vision.

Instead of the speculum, I have been in the habit of using the elevator for the upper lid, held by an assistant, and control the eyeball by my left hand, holding the fixation forceps, which seizes the sclerotic just within the vertical meridian and over part of the insertion of the tendon of the inferior rectus. In making the iridectomy, the fixation forceps is given to an assistant, the iris seized with the instrument in the left hand, and scissors used with the right. After this is done, the lids are closed, and the folds of the iris are spread over the lens by rubbing the lids, to see that the iridectomy has been complete and sufficient.

I use the wire loop and McClure's scoop oftener than the vulcanite or tortoise spoon. Cases do much better when pressure is made rather than the scooping process

in extracting the lens, although it is not always possible to avoid the introduction of an instrument. More than one-half of my cases were operated on without the use of an anæsthetic.

In summing up the twenty-seven cases, I find 19 successful. Of these 6 had vision of from two-thirds to two-fifths, measured with Snellen's type; 13 had useful vision of from one-fourth to one-twelfth; 3 had perception of light about as before the operation; and 5 were failures. Twelve of the cases were operated on at the college before students, and the remaining 15 in private practice, witnessed by those in my office at the time. The names of those whom I am permitted to use as having excellent vision are: Elinor Margerum, aged sixty-five, 1519 Wood Street; Samuel Weyant, aged seventy-eight, 1115 Marlborough Street; Samuel Burgess, aged about forty-seven, 1320 Savery Street; William Bush, aged thirty-seven, Pottstown, Pa.; James Hill, aged seventy-four, Fifty-sixth and Fisher's Avenue, West Phila.; Henry Baker, aged sixty-five, Market Street, West Chester, a patient of J. B. Wood, M.D.; and an Irish lady living at Second and Girard Avenue, a patient of Dr. Samuel Kennedy, Arch near Seventh. The above list does not include two recent cases and operations on soft cataract, nor cases previous to 1869.

A CASE OF STRICTURE.

M. B., travelling agent, 60 years old, has suffered for several years from strictures of the urethra, which have progressively caused a vesical catarrh, on account of the impossibility of completely emptying his bladder. Dysuria increased, a fistula formed, and the urine leaked out into the cellular tissue of the scrotum, making way towards the raphe, more to the left. I found him with the following symptoms: Dorsal decubitus, intense pains, very great prostration. About six p.m., a regular intermittent paroxysm, violent chills; heat, followed by light sweat. The scrotum presented an enormous volume; the skin was infiltrated and very red, the epidermis

had given way in several places. On the lower part of the left testicle a soft black eschar was found; manifest fluctuation; the cord of the same side painful and tumefied; the penis œdematous; the walls of the canal manifestly inflamed about the suspensory ligament, which is somewhat swollen and very painful; incontinence of urine, the bladder distended; constipation; infarctus of the prostate. Made a deep and extensive incision in direction of the mortified parts, which released a quantity of fetid and thick pus; and ordered Silicea³⁰. He passed now better nights; the swelling decreased; suppuration more natural; the urine passed through the excision; chills ceased. In two weeks more, under the influence of Silicea, the sexual organs looked more natural, and the urine flowed through its natural point of exit. On account of his prostration he took China and Arsenicum, and recovered fully in spite of his age.—DR. NOACK, JR. (*L'Art Medicale*.)

CASES OF MUSHROOM POISONING.

BY W. FITCH CHENEY, M.D., CHICO, CALIFORNIA.

CALLED Monday, March 27th, 1871, to visit family of Mr. B. Found his wife and three children suffering from constant retching and vomiting, with some purging, and intense pain in the epigastrium.

On the day previous (Sunday), all those affected had partaken freely of supposed mushrooms, at dinner. Upon examination I found them under the influence of a kind of stupor, with pupils largely dilated, pulse weak, and ranging from fifty to sixty; skin cool—unnaturally so—with a mottled appearance, making the derangement of the circulation a marked symptom. Arranging the cases in order of age, Charles was aged seven, Ella nine, Flora fourteen, and Mrs. B. thirty-two. Their symptoms seemed to be alike. In the view that the poison had been taken twenty-four hours before, and for the last sixteen or eighteen hours they had all been vomiting, and after each paroxysm had taken freely of water, I considered that the stomach, in each case, had been emptied of any poison remaining unabsorbed. I administered a solution of morphia and soda, with a minute amount of ipecac, which resulted in quiet, when I ordered each a full dose of ol. ricini, which promptly acted on Tuesday morning. I then prescribed quin. sulph. in comp. tr. cinchona; also,

as much whiskey as I thought they would bear. At this time the pupils were still dilated, and other symptoms (pulse, skin, &c.), unchanged. This was still the condition of things until toward night, when they all were sleeping quietly—skin moist and natural, while there was but little change in the pulse.

About eleven o'clock, P.M., of the same day, the boy awoke with a loud cry, and immediately went into almost a cataleptic state, which lasted fifteen or twenty minutes. I got to the bedside just as he came out of it. I found him nearly pulseless, skin cool and clammy, with breathing labored—almost stertorous. With stimulants and frictions he rallied, only to have another seizure, in which he died. A moment before death, the respirations being labored, I put my ear to the chest, and while I so held it, the heart *suddenly* ceased pulsation—a moment later, he was dead.

The history of the death of the little girl aged nine, which I was told occurred two or three hours after, was in every particular like that of the boy, although, after the death of the boy, she was still sleeping tranquilly, and promised well.

The mother, on Wednesday morning, under the treatment, seemed very little, if any, changed for the better. She complained still of the burning sensation in stomach, pupils still in some measure dilated, pulse feeble—perhaps not quite so slow. Wishing counsel, my friend, Dr. Thomas W. Tilden, became, at this time, associated with me in the case, and at his suggestion, we added to the previous treatment, the solution of chlorinated soda; and having previously given bismuth, we added to it about one-fourth grain powdered opium, to relieve tenesmus and check the bowels, which were now somewhat inclined to run off. The stimulus was also increased.

In the evening the symptoms were much the same, except an appreciable lowering of the pulse, and a corresponding increase in frequency. Treatment continued, and stimulus ordered to any extent the head would bear. Thursday morning, patient almost comatose—rapidly sinking, pulseless, and with thoracic respiration. As a last resort, an enema was injected, of turpentine one ounce, with about one pint of water; also one drachm of the oil given by the mouth, with no effect, and about eleven A.M., she died.

The girl Flora gradually came out of this condition, under the same general treatment, although for some time she retained the dilated pupil, &c. Hearing every year, through the public press, of more or less of poisoning from this cause, I was surprised to find next to nothing in our authorities upon the subject, and was left to watch symptoms, and treat on general principles.

It will be observed that in symptoms, the effect is like that of digitalis and belladonna—the infrequent pulse and condition of the pupil, as well as the mottled appearance of the skin, showing a disordered capillary circulation. The appearance of the boy when *in articulo mortis*, was strikingly like death from hemorrhage.

The amount of stimulus given the woman was extraordinary, yet the effect was *nil*, not even checking the sinking heart, to say nothing of increasing its force.

I report the above cases in the hope that attention may be drawn to them, and that we may stimulate others who may have had more fortunate experiences with similar cases, to suggest such a course to the profession as may qualify us to combat these poisons more successfully than I did.

It did not seem to me a question of clearing the digestive organs. When I saw the cases, the poison had full time to be absorbed into the circulation, and was then master of the situation; and the only thing to do, after clearing the bowels, was to support the patients, for, as far as I can learn, we have no knowledge of an antidote.—*Pacific Med. and Surg. Journal*, August, 1871.

PUBLICATIONS RECEIVED.

THERAPEUTIC KEY; OR, PRACTICAL GUIDE FOR THE HOMŒOPATHIC TREATMENT OF ACUTE DISEASES. By I. D. Johnson, M.D. Philadelphia: F. E. Boericke.

This neat and handy volume is intended to be used as a guide for the homœopathic practitioner at the bedside. There can be no doubt about the need of works of reference to be carried into the sick-room, and it is a pity that the prejudice so often encountered from patients, prevents a more general use of such refreshers of the memory. The chief points to be attained in the preparation of such "handbooks" are, the utmost compactness combined with accuracy and necessary fulness. The author of this work has undoubtedly had these requisites in view in its preparation; and we think he has succeeded in fulfilling them. Treating only

of acute diseases—chronic cases affording abundant opportunity for consulting the *Materia Medica*—he has given us almost the entire range of acute maladies, commencing with “Abscess” and ending with “Yellow Fever,” arranged alphabetically; with the remedies most likely to be employed for their treatment, and the symptoms of each of these under its appropriate heading—the whole being included within 180 duodecimo pages. Many of these symptoms are such as are known as “key-notes” or “characteristics,” having been so designated by Hering, Guernsey, Raue, Lippe, and others. These symptoms are particularized by an asterisk, while the general run of indications, belonging to the remedies appropriate to given diseases, are not lost sight of. In a word, we are of the opinion that Dr. Johnson has made a very useful addition to our literature, and one that should meet a ready sale.

LECTURES ON DISEASES OF THE HEART. By Edwin M. Hale, M.D.
In Three Parts. Boericke & Tafel, 1871, pp. 206.

These Lectures were delivered before the class of Hahnemann Medical College of Chicago, in the winter of 1870-71, and the author, after revising and adding considerably to them, now presents his work to the general profession. Several years ago, the publication of a work entitled, “The Heart: its Diseases, and their Homœopathic Treatment,” was commenced in connection with the *North American Journal of Homœopathy*, but died before the homœopathic treatment was reached. With this exception, Dr. Hale’s treatise is the only one specially devoted to diseases of the heart, in the literature of the homœopathic school. The work is divided into three parts: Part I treats of the Anatomy and Physiology of the Heart, and of Functional Disorders of the Organ, and Angina Pectoris; Part II, of Inflammatory Affections, as Pericarditis, Endocarditis, and Myocarditis; Part III, of Organic Diseases, as Hypertrophy, Enlargement by Dilatation, Atrophy, Fatty Growth, Degeneration, Softening, and other lesions of the cardiac walls, and Valvular Diseases.

These subjects are presented in a clear and intelligible manner, and the author deserves much credit for the manner in which he has availed himself of standard authorities as regards etiology and diagnosis, divesting the matter at the same time of dryness, and giving it in attractive form. As regards treatment, he claims that that which he presents is “in accordance with the doctrines of the Homœopathic School, or rather in accordance with my (his) interpretation of the Law of Cure discovered and taught by Hahnemann.” On reviewing the treatment which our author sets forth, we feel free to state that in our opinion, any other interpretation of the “Law of Cure” than his own, would fail to reconcile *some* of his speculative recommendations of medicines with the principles of Homœopathy. A large proportion of the medicines mentioned belong to the class called “new remedies,” and it might be reasonably expected that Dr. Hale would freely recommend *their* use. No doubt many of them have proven valuable in the treatment of heart

diseases, but the older remedies are generally more reliable, because their sphere of action is more accurately defined—their pathogenesis better known. Our author has not neglected these, however, for they have been freely recommended, and their indications recorded in a satisfactory manner. We miss from the list, Spongia, Lithium, and a few others which have done good service, the first-mentioned particularly.

Our readers will find this a valuable addition to our practical works. Dr. Hale writes clearly, and, in bringing the varieties of heart disease and their treatment into one volume, has done a good service. The book is well printed, on good paper, but is faulty in having no index; the omission of which is a great oversight on the part of the author.

ON INTERMITTENT FEVER AND OTHER MALARIOUS DISEASES. By I. S. P. Lord, M.D. Boericke & Tafel. 1871. Pp. 341.

This work is purely clinical; being a faithful record of the observations of an intelligent, thoughtful, and painstaking practitioner, extending over a long period, in regard of the causes, pathology, and treatment of intermittent fevers. The symptoms of the cases recorded, the author tells us, were taken down in phonographic shorthand, at the bedside, or in the office, or elsewhere, and generally in the patient's dialect, if not verbatim. The notes to the cases, we are likewise informed, are written in the most familiar everyday language, and in most cases the record of the first visit was read and the comments written out before reading the next day's record. If an error was made in diagnosis, it remains, for a comment once penned was not altered. If a blunder was made it remains as a blunder. In fact the work "may be accepted as a faithful, unaltered transcript of clinical experience" in the treatment of ague in malarious districts for twenty years.

The value of such a work, our readers will see, cannot well be over-estimated, provided the statements of the author can be received implicitly. In this case, those who know Dr. Lord will not doubt his entire truthfulness, and those who do not know him will find, on perusal of his book, that it carries with it evidence of his integrity. He gives his record, and it remains for each practitioner who consults it to say in how much he is benefited by the consultation. For ourselves, we are ready to assert the belief, founded on a careful perusal of the work, that it is by far the most valuable treatise on ague and its kindred maladies that has yet appeared, and one, too, that will bear—or, in fact, demands—close study.

Our author has a theory of his own in regard of the proximate causes of malarious intermittents. He regards them in the light of a double neurosis, produced by malarious irritation of the nervous system in one or several of its parts. His explanation of his views are so lucidly given that we cannot do better than quote them verbatim:

"Malaria may act on the whole spinal system, or on the whole sympathetic, or on both, or on any portion of either, or both, at the same time, or in alternation. . . .

"A paroxysm of a *pure malarious intermittent*, beginning with a *distinct chill*, followed by an equally *distinct heat*, and that followed by sweat, cannot by any possibility be caused by any disorder of the spinal system, or the cerebro-spinal system alone—nor by any disorder of the sympathetic system alone—nor by any disorder of any part or portion of either alone.

"This conclusion is inevitable, since, as we have shown, no disorder of any portion of the nervous system can give us, at the same instant in the same place, the duplicate sensation of chill and heat; and if so, it follows that a disorder of two distinct and separate portions, with distinct and different functions, is required. And if required in a single case, why not in every case? Manifestly, these sensations spring from two different and differing sources or organisms, and our next inquiry is, which are they?

"And here the two grand divisions of the nervous system into 'Organic,' or the 'Sympathetic,' and 'Animal,' or the 'Cerebro-Spinal System,' present themselves for a solution of the question. The nerves from both these systems run side by side to every part of the organism, and generally in the same envelope, and yet ever remain practically separate in fact and in function. And as the characteristic symptoms of a paroxysm of ague must be caused by one or the other, the only question is, which system causes the sensation of chill, and which the sensation of heat, as the one must necessarily be due to a peculiar condition of the one system, and the other to an unlike peculiar condition of the other system?

"Now, since the experiments of Claude Bernard, there is little doubt that the sensation of heat should be referred to the sympathetic system. If so, it follows that the sensations of chilliness must in like manner be referred to the spine.

"Without stopping to inquire whether heat is the result of chemical disintegration, or retarded nerve or other vibration, we may safely assume from our premises that the hot stage of a paroxysm of ague depends on malarious disorder of the organic nervous system, and the cold stage on malarious disorder of the spinal nervous system, and we have finally a key to all the anomalies and vagaries of intermittents.

"Whether the chill or heat appears first, depends mainly on which system is most profoundly impressed with the malaria; and if the two sensations alternate, it is because the disorder of the one system remits for a time, while that of the other takes its place, or is exacerbated. And if there is heat with chilliness at the same time, it only proves that the two systems are acting concurrently. If the sweat comes first, it only indicates that the glandular system is first disordered. If there is no chill, it implies that the spine is not directly irritated or disordered. If there is no heat, it is good evidence that the sympathetic system is not disordered by the malaria, and so of all other conditions."

Thus Dr. Lord ingeniously lays down his belief as to the cause of ague paroxysms, and the machinery through which their varied phenomena are produced. This is, certainly, a great simplification of the study of this complex subject; and while the views conveyed are not entirely new, they are very plausible, and our author is deserving of much credit for the plain, understandable manner in which he has set them forth.

Now if these views of the etiology of agues are admitted to be correct, it follows that the treatment of the disease, or the selection of remedies for given cases, becomes at once a matter of certainty, for nothing more will be required than that such medicines be chosen as produce in the

Sympathetic or the Cerebro-spinal Systems, effects corresponding to those produced in these systems by the malarial poison. Our author has deduced this very plan of selecting the remedy. We will give his deductions in his own language, as follows:

"We have only to classify our remedies so as to meet these two pathological conditions, and our therapy is complete. We have only to divide our *ague* medicines into two great classes to correspond to the two great physiological divisions, sympathetic and spinal, which, pathologically expressed, give us sympathetic irritants and spinal irritants; and going from the general to the special, the subdivisions into cerebro-sympathetic, &c., on the one side, and anterior-spinal, posterior-spinal, and cerebro-spinal, on the other, follow naturally, and may be carried still farther, if necessary.

"It makes no special pleading to commend this classification to any one who has treated malarious diseases. It reduces the great and most discouraging labor of selecting a remedy almost to zero, while nothing is left to accident. It is based on a fixed and unalterable physiology and pathology; and when once the physiological and pathological relations of a drug are determined, its classification is settled and the work is done."

These somewhat lengthy extracts give a fair exposition of the author's views of *ague*, and its proper treatment. His method of treatment is based on the principles of so-called "physiological homœopathy," and he gives two hundred and fifteen cases, with running comments thereon, in illustration. That he has been very successful, there can be no doubt; that he has been more successful than those physicians who have selected the remedy according to the totality of *symptoms*, being guided thereto by "characteristics," is a question that would be difficult to settle. We unhesitatingly say to our readers, writing in their interest, that they cannot do better than buy the book, and give it a fair and careful study. It would have been all the more valuable, if a "Concordance" had been prepared; but a very copious "Index of Symptoms," and "Index of Remedies," supply its place, though imperfectly. The work is handsomely printed, on fine paper, and does the publishers much credit.

JOURNAL OF THE GYNÆCOLOGICAL SOCIETY OF BOSTON. Vol. III,
July to January, 1870. Boston: James Campbell, Publisher.

We have received from the publisher, a handsomely bound copy of the third volume of this valuable journal, comprising reports of the meetings of the Gynæcological Society of Boston, and the papers, &c., read thereat. This volume, which is replete with interest, presents a number of very valuable communications made to the Society, on gynæcological and other subjects, by American and foreign practitioners. No physician, of any school, who desires to keep pace with the times, can afford to be without this journal, which is always interesting and instructive. Mr. Campbell furnishes handsome covers for each volume as issued, at the very low price of fifty cents, prepaid by mail, which admits of uniform and inexpensive binding. The "Gynæcological" is a welcome "Exchange."

EDITORIAL NOTES.

CHICAGO.—Since the last number of this journal went to press, one-half at least of this beautiful city of wonderful growth has been destroyed by fire. Our readers have read all the sickening details of the disaster, and we have no heart to repeat them here. But the situation of our brethren of the unfortunate city, and the condition of things homœopathic there, have doubtless been a source of anxiety and doubt to our readers. We will, therefore, give such information as we have received through letters received from Drs. T. C. Duncan, R. Ludlam, T. S. Hoyne, and A. E. Small, of Chicago.

The office effects of Drs. G. D. and A. D. Beebe, E. M. P. Ludlam, A. E. Small, N. F. Cooke, Hale Brothers, Willis Danforth, W. H. Wood-yatt, Davies, Miller, Keck, Kneipeke, Wilbur, Boardman, Stout, Mitchell, Woodbury, Dodge, Burt, Hartresse, Woodward, F. A. Lord, Beach, Cheney, Colton, Rawson, Ogden, Hoyne, and Duncan, were burned, consisting of furniture, books, medicines, instruments, &c. Drs. B. H. Fellows, N. F. Cooke, Hedges, Cheney, Braun, Keck, Ulrich, Gilman, and Grosvenor, living on the "north side," were burned out of house and home. Dr. Cooke moved four times beyond the reach of the flames, and finally had to make his escape to the open prairie. Dr. Cheney had a child afflicted with general paralysis, but was fortunate enough to escape with his family in safety, although losing all his goods. Dr. Ulrich lost his all. Some of these gentlemen have left Chicago and gone elsewhere for the present, while others remain, and all have suffered great loss, not only by the destruction of their property, but by the loss of business and the breaking down of credits. Both pharmacies were completely destroyed, with all their valuable contents in books, medicines, &c. The back numbers of the *Medical Investigator* and the *United States Medical and Surgical Journal*, and the sheets of *Ludlam's Lectures*, have been burned. These are great and irreparable losses. Dr. Duncan writes: "The second day after the fire, I went to see what remained of the *Medical Investigator* office, and was amused to see erected upon the pile of smouldering bricks the sign, 'Homœopathic Pharmacy, 704 State Street. Employees report. Halsey Bros. hope to resume trade by the 15th inst.'" We may remark that both pharmacies have received new stock from the extensive establishments of Messrs. Bœricke & Tafel, and have doubtless, ere this, "resumed trade" with thoroughgoing Western energy. The October number of the *Medical Investigator* was destroyed, as well as part of the November number, which was in type, but the Editor was fortunate enough to save the MSS., and the journal will appear as soon as possible. The *United States Medical and Surgical Journal* for October was ready for delivery, but was destroyed, with the exception of a copy in Dr. Ludlam's hands. Its appearance will be merely delayed. The Transactions of the Institute, so far as printed, were destroyed in the printing office, but the MSS. were all saved, except that part "in hand."

at the time of the fire, which was, strange to say, a portion of the report of the Necrologist. The appearance of the "Transactions" will, of course, be delayed.

The Hahnemann Medical College and the Scammon Hospital, being situated at considerable distance from the burnt district, were, of course, safe. The former has a class of upwards of sixty, while the latter is filled with suffering humanity, who have sought its shelter to have their injuries and ailments cared for.

Our readers need not be told that financial relief for our brethren is desired. The Philadelphia County Medical Society has already taken action in the matter, and as chairman of the "Relief Committee" we have already sent upwards of six hundred dollars to Chicago. Donations may be sent to Dr. R. Ludlam, 526 Wabash Avenue, which will be by him placed in the hands of the *Relief Committee*, of which Dr. A. E. Small is chairman.

PERSONAL.

RICHARD GARDINER, M.D., the veteran homœopathist, has returned to Philadelphia from Baltimore, and located at No. 146 North Twentieth Street.

DR. J. R. EARIHART has removed to 1839 Arch Street, Philadelphia.

DR. O. B. GAUSE has removed to 140 N. Twelfth Street, Philadelphia.

DR. H. LEHMAN has removed from Mt. Airy, O., to Toledo, O.

MARRIED.—FARRINGTON—AITKEN. On Sept. 13th, 1871, at the residence of the bride's father, by Rev. Thomas S. Wilks, E. A. Farrington, M.D., to Elizabeth, eldest daughter of William B. Aitken, Esq., all of Philadelphia.

MARTIN—GAUSE. On October 19th, 1871, at the residence of the bride's parents, 140 North Twelfth Street, by the Rev. E. D. Fendall, assisted by the Rev. W. H. Warren, John L. Martin, to Ella P., eldest daughter of Dr. O. B. Gause, of Philadelphia.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY.

THIS Society met at Dr. Hawley's office, Syracuse, September 21st, 1871, at 10 A.M. The President elect being absent, Dr. Schenck was appointed temporary President. The roll was called: present, Drs. Schenck, Clary, Boyce, Hawley, Benson, Stow, Parsell, J. S. Bigelow, Gwynn, Dada, Wallace, Chaffee, Southwick, and Miller.

The minutes of the last meeting and the report of the Treasurer were read and accepted.

Committee on Credentials: Drs. Clary, Benson, and Wallace. Drs. J.

T. Greenleaf, of Owego, and A. H. Marks, of Brewerton, were elected members.

On Dr. Spooner's arrival, he assumed the chair, thanking the Society for the honor conferred upon him, and addressing them as follows:

LADIES AND GENTLEMEN OF THE SOCIETY:

We are again permitted to convene for a social interchange of views and opinions, and mutual improvement. By your partiality the duties of executive officer for the ensuing year devolve on me, for which honor permit me to tender my sincere acknowledgments and extend to you all a cordial greeting, hoping that our deliberations will result in much good, and that we may prove ourselves worthy of the principles we advocate, and an adornment of a cause which lies so near our hearts.

It is desirable that in our deliberations we may be moved by a common impulse, so that the influence of our meetings may be felt and react upon public sentiment, and give to our practice of medicine a higher appreciation, which, in our opinion, it so richly merits.

After this short and earnest greeting, I propose to offer a few desultory remarks upon the right which every individual or community of individuals possess, to inculcate and practice whatever principles they deem true, without interference from outside influences, providing always that their actions do not interfere with the rights of others. Nearly all previous history, however, is a libel on the above proposition; for all reforms and nearly all inventions and discoveries of new laws which are designed to be of great benefit to man, both of a moral and material kind, have been compelled to endure and combat persistent opposition, not only from the ignorant but from those who claim to be the very arbiters of learning, morals, and religion, but who, we think, are wanting in those fundamental principles of justice known as equal or human rights, or that golden rule so often quoted and so seldom practiced, to do unto others as we would have others do to us. A very small proportion of the people even of this boasted land of liberty, appreciate or understand this principle in all its bearings.

Few believe or comprehend the idea that every individual, however humble, inherits the same privilege of believing and promulgating his belief that any other individual has, however hoary his doctrines may be, or sanctioned and sanctified by time.

Another proposition I will venture to make, a proposition which strikes at the very foundation of all authoritative commands, to believe under a penalty, whether it emanates from what is termed the sacred desk, or any place termed less sacred, or society, or organization of men. A proposition which, perhaps, some of the members even of this Society, radical as we have the reputation of being, may consider extra radical; that is, that no human being in any condition in life, however educated or intelligent, or endowed with natural or acquired abilities, has any control over his own belief or conclusions. His convictions of every name and kind are entirely arbitrary. He is compelled to his conclusions without his own consent, controlled entirely by testimony which operates involuntarily on his mind, although it may have no influence on the mind of another.

Perhaps the above proposition may be well illustrated in the minds of the members present of this Society, who have been converted from the venerable theories of our allopathic brethren, and who have adopted and practiced upon the grand principles, "*Similia Similibus*" and the infinitesimal dose, while they plod on with their sickening compounds with the same opportunities to learn, and undoubtedly with as much inclination as we once had. If it is true, then, that our most ma-

ture conclusions are purely arbitrary, how unjust it is to hold individuals responsible for what they consider truth. Still I suppose an honest difference of opinion has been the cause of more human suffering, more bloodshed and cruelty, than any one cause since this earth has been inhabited.

It was this that crucified Jesus of Nazareth and the early martyrs. It was this that marshalled the hosts of Europe to invade what was called the Holy Land, to rescue the sepulchre from the hand and power of Infidels. It was this that built the Inquisition, and incarcerated within its gloomy dungeons the most virtuous and intelligent of the people, and arraigned and condemned Galileo to a cruel death for proclaiming that the earth moves. It was this that has made St. Bartholomew historic by the murder of one hundred thousand of the inhabitants of Europe in a single night. It was this that persecuted Jenner and accused him of religious infidelity for promulgating his great discovery that vaccination with kine pock will prevent the infection of small-pox. It was this that drove the noble and honored Hahnemann from his native land and compelled him to find a home in a foreign city. It is this which in this latter half of the nineteenth century incites allopathic medical societies to prohibit their members from medical association with homœopathic physicians. It was this that allowed Dr. Van Aernam to be so much deluded as to wage a ruthless war on all physicians who held office under the control of the Pension Bureau who did not indorse his medical shibboleth. It was this which caused the cruel conflict from which our country has just emerged, and destroyed half a million lives and more than five thousand millions of property.

Now, ladies and gentlemen, profiting by present and past history, and adopting a philosophy which allows its votaries to speak and act their own opinions, I trust that no member of this Society even *desires* to use any weapons against our medical opponents but the logic of our potent globules.

While our allopathic brethren boast of the antiquity of their dogmas, we prove conclusively at the bedside of the sick the truthfulness of our theories and the superiority of our treatment, by relieving human suffering, and restoring to the buoyancy of health and strength those who long have been a prey to disease, and to the abominable concoctions of those who claim all the wisdom of the healing art.

What I most earnestly desire to inculcate upon the minds of homœopathic physicians in particular and the public in general is, the universal principle of toleration, that the convictions of every individual honestly expressed should be treated with courtesy and respect, however absurd they may appear. Homœopathic physicians are denounced as radicals. Let us then exemplify our radicalism by those principles of forbearance which we desire meted to us under like circumstances. Let us show to the world that one class of citizens at least are willing to prove their principles by their actions, and that they will mete to others that same justice which they claim for themselves.

Dr. Miller read a paper on the "Pre-requisites to success in the healing art."

Dr. Stow followed in some general remarks on the necessity of unity among homœopathic physicians on the three cardinal principles of our system: the law of cure, the minimum dose, and the single remedy. In the exercise of freedom of opinion, we had no right to discard our own fundamental principles, but we should be faithful to our own colors.

In regard to the importance, especially of the two latter elementary

principles, no practitioner should ignore the testimony and experience of many of the most learned and skilful members of our profession. By so doing, he would encourage allopathy, and undermine his own standing in the community. He had confined himself to the single remedy for three years.

Dr. Boyce inquired what was the minimum dose.

Dr. Stow replied that it was the least quantity required for a cure, to be determined by the attending physician.

Dr. Clary replied that it was impracticable to agree on the minimum dose. Some that claim exemption from the use of crude drugs, still do use such doses in actual practice. Each one must be his own judge in regard to what was the minimum dose. Some high potency representatives disgrace homœopathy. He instanced the skimmed milk report in the American Institute. He deprecated such extravagance. He believed the law of cure to be of general application, though he was not thoroughly convinced that this was universal. He had no fears of being charged with hypocrisy. Some of the best authors recommend more or less alternation.

Dr. Miller believed that the single remedy was more important than any particular potency. No one can ever learn much of the proper action of remedies from rapid alternation. But he who confines himself to the single remedy, must necessarily post up and familiarize himself with its virtues, and thus learn more of *Materia Medica*. He must also make a careful examination of his case. He is obliged to be more accurate in his prescription. Alternation is a mere expedient, justifiable only on the ground of ignorance. But alternation does often cure cases.

In regard to dose, there was this to be said in favor of high potencies. It is customary to administer a single dose, or a few doses of a high potency, and then allow the remedy due time to operate until it has expended its full force, whereas, in using ordinary potencies, the dose is constantly repeated at certain brief and arbitrary intervals so long as the patient is under treatment. Homœopathy strikes at the causes of disease, allopathy at the effects. Yet, he believed that in some cases even palliatives were admissible.

Dr. Boyce approved of Dr. Miller's remarks. He related a case of ague for which he prescribed *Ipec*. The patient rapidly recovered and the Doctor considered it a nice cure. But he afterwards learned that the mother had meantime, without his knowledge, administered sugar-coated quinine pills. He was satisfied that many cases were mistakenly reported as cures, which, perhaps, were spontaneous recoveries.

He had made remarkable cures with high potencies when after thorough trials the low had failed. He instanced a case of obstinate bronchitis, in which *Lach.* seemed indicated. The twelfth made no impression; the 200th temporarily relieved, but afterwards the 2000th gave perfect and long-lasting relief, and being occasionally repeated made a splendid cure. He remarked upon Dr. Guernsey's clinical success with high dilutions.

Dr. G. is an accurate prescriber, though he sometimes used low potencies. But his success is not always perfect. We can learn *Materia Medica* no other way than by the single remedy. Drs. Guernsey and Lippe were indefatigable students of *Materia Medica*. They had acquired a vast knowledge of the characteristics of drugs only by means of immense labor and perseverance. He then related a conversation with Dr. Hering on the choice of the remedy.

Dr. Clary was satisfied that the physician who uses the single remedy, will accomplish more for the profession. It was a habit with him to alternate. But when he had a virtuous streak and used single remedies, they gave him better satisfaction. He sometimes occupied advanced grounds, but he was apt to relapse into his old habits. It was a good thing once in a while to get stirred up, as well as scored by Dr. Stow. He found it difficult to discriminate between the pathogeneses of remedies, so many of their symptoms are similar.

Dr. Boyce recommended Dr. Clary to do as he did, visit Dr. Stow and get stirred up and enthusiastic. It was necessary to sift the chaff of unimportant symptoms and be guided by characteristics. Each remedy has its own distinguishing symptoms or features.

Dr. Stow reported a case of diphtheria that might have been cured by *Lachesis*. But a bogus homœopathist prescribed Iodide of Mercury, massively in the crude drug, and the local application of Nitrate of Silver. The case necessarily resulted fatally. Such things are daily done under homœopathic colors to our great disgrace. He argued that we must adhere to our principles. He spoke with sincerity and emphasis, because he loved every member present.

Dr. J. G. Bigelow. Is it right to consult with such irregular homœopathic physicians, whose practice and moral character we cannot respect?

Dr. Clary consulted with such for the sake of the patient, but *never* called *them* in counsel. Our medical colleges were blameworthy for selling diplomas to those who had never attended lectures. A good horse doctor of Wisconsin went to St. Louis, stayed two weeks, and received a diploma from the Medical College.

Dr. J. G. Bigelow observed that we had in this city a similar illustration. A practitioner, who attended lectures only a part of one session, bought his diploma of the Cleveland College.

Dr. Schenck related a case of consultation with Dr. Jones.

Said Dr. Schenck: "I use more medicine, perhaps, than you think I do." Dr. Jones commended his discretion in this respect. Dr. Schenck then stated that if he knew more of medicine, he would be able to discriminate more closely and get along better with less medicine.

Said Dr. Jones impatiently: "I have staid here long enough."

Dr. Schenck acknowledged that he alternated, and hence failed to learn *Materia Medica*.

The Society then adjourned to meet at 2 P.M., when the subject of Inter-mittent Fever was to be discussed.

AFTERNOON SESSION.

The Society met at 2 P.M.

Drs. J. Ball, of Cortland, and J. Bass, of Cazenovia, were duly elected members.

Drs. Stow and Miller read papers on Intermittent Fever, with clinical cases. (See this No.)

Dr. Hawley, during six years' practice, had cured all his cases of ague with homœopathic remedies, entirely discarding quinine. He invariably depended on a single dose of the 200th potency to effect a cure. If it failed to make a favorable impression, he reviewed the case and prescribed another remedy.

He reported a recent case of ague in a child; during chill much thirst; hands very cold and nails blue. *R. Nux^{cc}*, one dose, followed by no more paroxysms.

Dr. Stow has for several years entirely discarded quinine.

Dr. Boyce has had a good success in ague with *Nat. mur.^{cc}*, yet the patients had constantly used salt in their food without any curative effect.

Dr. L. B. Wells reported a case of ague, with bilious diarrhœa, headache, and thirst during heat, cured by *Verat.*, *Puls.*, and *Nat. mur.*

Dr. Gwynn reports the nicest cures of ague with *Nat. mur.*, high potency. Yet he was not a high dilutionist. He was obliged often to resort to quinine in intermittent fever.

Dr. Southwick reports the best success with *Nat. mur.*

Dr. Hawley stated that *Nat. mur.* cases had a regular recurrence of paroxysms at 10 or 11 A.M.

Dr. Gwynn stated that other prominent symptoms of that remedy were sufficient as a guide.

Dr. Wallace cures nine out of ten cases, where quinine had been used, with *Nat. mur.*

Dr. Clary cures about half of his cases of ague with homœopathic remedies. The other half he treats with four doses of quinine, each one grain, two hours apart, before the next paroxysm.

In nine of these last cases out of ten, he prevented a relapse on the fourteenth day with *Nux* or *Ars*.

He gave his experience in the treatment of ague in Syracuse, at an early day, when the disease was very obstinate. Quinine, one-grain doses, cured the majority of cases. The allopaths continually and recklessly increase the quantity of their doses of quinine.

He related his experience in cholera times, in 1832, in the transfusion of blood from a well person into the veins of a collapsed patient. The case proved fatal.

Dr. Dada reported a case of ague apparently cured by *Eupat. perf.*; chill at 5½ A.M.

Dr. Boyce. It is legitimate for homœopathists to use quinine. This remedy discovered homœopathy.

Dr. Miller referred to a remark of Dr. Lippe, that American homœopaths are gathering experience in the treatment of ague, and that they would soon be able to cure it as readily as any other disease. The question arising whether quinine generally made good cures—

Dr. Ball reported the case of a lady having ague developed at 40 years of age, after a suppression by quinine at 8 years of age, and no subsequent exposure. They have no indigenous ague at Cortland. At 30, Dr. Ball had cured her of a severe and obstinate neuralgia. At 38, she had jaundice, which was treated allopathically, when neuralgia again supervened; and, finally, ague appeared thirty-two years after its suppression. The case proved very obstinate, and coming into his hands was eventually cured by *Nat. mur.*³⁰, and *Chin.*³⁰. During all this interval of thirty-two years, ague seems to have remained latent in her system.

Dr. Boyce stated that ague had remained latent in his system fifteen years. It occasionally crops out.

Dr. Clary stated that it had remained latent in his system six months, and that it was a very common condition, even when subjects felt perfectly well.

Dr. Miller. This latent theory explains the nature of quinine cures. They are unreliable.

Prof. Frost's able, interesting, and exhaustive treatise on "Tubercular Meningitis," was then submitted to the Society.

On motion of Dr. Benson, Prof. Frost's paper was accepted, and the thanks of the Society tendered him. The Professor was requested to furnish the therapeutical portion of the subject.

The paper is to be discussed at the next meeting.

Dr. Clary reported a case of œsophagitis, with suppuration and ropy expectoration, nearly cured by *Kali bich.*

Dr. Stow reported a case of uterine fibroid.

Dr. Chaffee reported a case of a patient's finger-nail knocked off accidentally. For a time, the new nail grew just beyond the white arc, and then it remained stationary for four months. The finger was very sensitive. The central portion of the new nail was elevated above the flesh. A few doses of *Ant. cr.*³⁰, were followed by a speedy cure.

Also, a case in which the scalp was torn open five inches long, over the coronal suture, by falling against the edge of a barn-post, exposing the skull the whole length of the wound. The hair on one side was combed over the wound to the other side, and fastened by repeatedly applying the white of egg. In three weeks the wound was perfectly healed by the first intention, and with scarcely any cicatrix.

The subject for discussion at the next meeting is Uterine Diseases.

Papers relating thereto are requested of Drs. Dada, Raymond, and Boyce.

Adjourned, to meet at Dr. Miller's office on the 21st of December.

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MENINGEAL TUBERCULOSIS.

BY J. H. P. FROST, M.D., DANVILLE, PA.

(Read before the Central N. Y. Hom. Med. Society.)

THE management of this disease, as Baehr well observes, "is one of the sorest trials to the feeling physician." And after the recorded results of half a century of homœopathic practice, and after all the means which homœopathy now places within his reach, the more experienced the physician, the greater the apprehension with which he approaches such cases, while the young practitioner, conscious that this disease is equally apt to occur in the highest and in the lowest ranks of society, dreads his first case of it, which may damage his rising reputation, and even affect the success of his whole life.

The physician's trouble, when called upon to prescribe for a disorder which has such an "extraordinary tendency to a fatal termination," is increased by the confusion which pervades much of our literature on the subject of *Encephalic Disease*. A confusion which, taking its rise in the various names made use of, becomes worse confounded in the failure to distinguish the *characteristic symptoms* of each form of intercranial disorder, especially with respect to its *idiopathic* or *secondary* nature, and to *their* indicating the presence of serous effusion, of plastic exudation, of

tuberculous formation; or determining the absence of all three.

The settlement of these difficulties, and the designation of the medicines most homœopathic to these distinct forms and stages of disease—which cannot but facilitate the selection of the exact remedy for each individual case—may well employ the ablest members of the profession. But toward the accomplishment of this great work, the humblest physician, who faithfully observes and accurately records, will make valuable contributions. The particular object of this paper is to illustrate *Acute Meningeal Tuberculosis*, occurring as a *secondary disorder*.

LITERATURE.—The homœopathic literature of encephalic disease seems more deficient than that of any other of equal importance. The six volumes of the American Homœopathic Review, New York, contain only a few cases of "Meningitis" cured with Aconite.* The following are the principal articles within my reach, to some of which reference is made in the course of this paper.

"On the Meningitis Basilaris of Children." U. S. Med. and Surg. Journal, vol. i, pp. 287 and 341; vol. ii, pp. 31 and 129. A very instructive and valuable essay.

"Inflammatory Affections of the Brain and its Membranes." (Section 3.) Baehr's Therapeutics, vol. i, p. 86. Equally necessary to be studied.

"Historic Data on Scrofulous Meningitis." By W. H. Willshire, M.D. Brit. and Foreign Med.-Chirurg. Review. Oct., 1854; p. 482. A complete *résumé* of the doctrine of intracranial disease, from ancient times to the writer's date.

"Cerebro-Spinal Meningitis." By J. H. P. Frost, M.D. Hahnemannian Monthly, vol. iv, pp. 193, 241.

"A Case of Dropsy of the Head." By G. W. Cooke, M.D. Hom. Examiner (1841), vol. ii, p. 44.

"A Case of Typhoid Meningitis." By C. J. Hempel, M.D. Hom. Examiner, second series, vol. ii, p. 191. This should have been entitled, *Traumatic Meningitis*; which it really was.

"Hydrocephalus Cured by Morphium." By J. Hartmann, M.D. And

"Cerebral Disease Cured by Lach.²⁰⁰." By W. P. Wesselhoeft, M.D. Transactions of Am. Inst. of Hom., 1869, pp. 269, 273.

* Reported by Dr. G. H. G. Jahr. Am. Hom. Rev., i, p. 299.

"Diseases of the Optic Nerve from Cerebral Affections;" and "Cy-anide of Potassium in Hydrocephalus." Trans. Am. Inst. Hom., 1870, pp. 238, 442.

"Remarks on Hydrocephaloid." By Dr. J. Schweikert. Quarterly Hom. Journal (Boston), new series, vol. i, p. 114. An important paper, and all the more so because of the variety of the form of disease which it describes.

"Ruckert's (E. F.) Therapeutics;" pp. 36-43. A work neglected only by those ignorant of its great value as indicating the special symptoms of the remedies.

"Raue, Pathology and Therapeutics." Hydrocephalus acutus. Meningitis tuberculosa, p. 7.

"*Hydrocephalus Acutus*," following Whooping-cough. Case cured by Arn., Arsen., &c. Reported by Dr. C. Neidhard, Hom. Examiner, vol. ii, p. 89.

"*Meningitis*, Pathological Anatomy of." By Dr. J. C. Peters. Hom. Examiner, new series, vol. ii, p. 276.

NOMENCLATURE. — "*Meningitis Basilaris Granulosa*."* "*Meningitis Basilaris Tuberculosa*." "Tubercular (granular) Inflammation of the Meninges; *Hydrocephalus Acutus*," of Baehr. "Tuberculous Meningitis," of Hahn. "Granular Meningitis." "Scrofulous Meningitis," of Willshire. "*Meningitis Basilaris Exudativa*."

COMPARATIVE PATHOLOGY.—This section, merely formal and necessarily incomplete, is simply intended to show the relation of our theme to the other varieties of encephalic disease.

I. *Encephalitis*, or *Cerebritis*; inflammation of the substance of the brain; idiopathic, mostly; attended with exudation; may lead to softening, or terminate in re-absorption, or in abscess; characterized by increased sensitiveness of the organs of sense. A similar characteristic, attributable to a similar cause, may be seen in some cases of pure nervous fever, in which excessive acuteness of hearing is regarded as indicating a more dangerous state than deafness would.

II. *Meningitis*, simple, *cerebro-spinal*, may be idiopathic

* Ruckert's Cases, cured with Belladonna mostly, Baehr regards as "simple hyperæmia of the brain." "Science of Therapeutics," vol. i, p. 90.

or secondary *traumatic*, for instance: seated primarily in the *pia mater* of the convex portion of the brain; with exudation of a jelly-like consistence, which may become plastic or *pseudo-membranous*. In fatal cases there are, in order, delirium, convulsions, paralysis—death.

III. *Meningitis Basilaris*, granular, *tuberculous Meningitis*; may be a secondary affection, seated mostly in the base of the brain, with meningeal granulations, analogous to tuberculous granulations of other serous membranes, which may be associated with tubercles elsewhere. This is termed, in this paper, *Meningeal tuberculosis*.

IV. *Prostration, Cerebro-spinal*; a secondary affection, from active exhaustion, with spasm, as in the last stage of pertussis, and in puerperal convulsions.

V. *Collapse, Cerebro-spinal*; from passive exhaustion, as in diarrhœa, innutrition, &c., without possibility of spasm. The “Hydrocephaloid disease,” of Dr. Marshall Hall, which may be termed a cerebral typhus, is a remarkable example. Another instance may be seen in the collapse of cholera, in which the organs of sense and perceptive faculties finally succumb, after maintaining themselves unimpaired to the very last.

ETIOLOGY.—The general cause of basilar meningitis must of course be found in a predominating serofulous constitution. But since very many children, in whom the serofulous diathesis prevails, are free from tubercular meningitis, the question arises, what special influences determine the development of this disorder in other cases? We reply: whatever tends to produce a disproportionate development of the encephalon over the other organs in serofulous children—and in no others does this occur—must necessarily lead to such a result. This brings us back to the condition of the parents, one or both of whom may be serofulous, without explaining why their children should have this hereditary taint of constitution developed in the meninges, rather than elsewhere, in the mesenteric or submaxillary glands, for example. This dis-

proportioned encephalic development, which we believe to be the principal determining cause of meningeal tuberculosis, will be found to result in many cases from the union of a robust father with a delicate mother. How often do not comparatively feeble women bear, or vainly attempt to bear, children with heads too large!

Provision having thus been made for the predisposition to scrofulous development in the hypertrophied brain, it needs but the favoring influences of measles, pertussis, or other severe disease, the revulsion of intestinal catarrh from artificial or natural metastasis, long-continued exposure to cold and dampness, or even a sudden cold alone, to produce a complete case of *acute meningeal tuberculosis*. In some instances, one of which will be related in the sequel, several of these influences unite in the production of the same result. In other cases these large brains are observed very readily to become tuberculous in connection with other, especially pulmonary, tuberculosis. An excellent, although unintended illustration of this is furnished by Leadam,* who states that "contraction of the thumb into the palm of the hand, and the *crowing respiration*, *laryngismus stridulus*, or *spurious croup*, are frequent indications of irritation in the brain." Modern pathologists have shown that *Laryngismus stridulus*, or spurious croup, called "crowing respiration" from its most remarkable symptom,—an affection more common in the damper climate of England, than in this country,—is really nothing more than a scrofulous enlargement of certain bronchial glands; and a corresponding, simultaneously developed tuberculosis of the meninges would naturally produce "irritation in the brain," and even "contraction of the thumb."

SYMPTOMATOLOGY.—Recorded in the works referred to, and in others, may be found a great variety of symptoms which appear in connection with meningeal tuberculosis,

* "Diseases of Females and Children," p. 379.

little effort being made, however, to distinguish the acute from the chronic form, the primary or idiopathic, from the secondary. And yet it is of the utmost importance to diagnose acute secondary tuberculosis of the meninges at the earliest possible moment, not only from its succeeding some previous exhausting disease, and the great rapidity of its own course, but also from the fact that remedies, to be effectual, must be adapted to the nature of the case. These remedies must indeed be selected under the guidance of the homœopathic law, and in accordance with the prevailing symptoms; but these symptoms have little chance of being properly appreciated if their true representative character is overlooked. While the early diagnosis of acute meningeal tuberculosis is neither to be regarded as absolutely certain on the one hand, nor by any means easy on the other, we think that the surest method of arriving at a correct conclusion during life, is to study carefully the most prominent symptoms of undoubted cases of this disease, such as the following:

I. *Intense pain in the forehead.* This pain, originating in the base of the brain, is felt at the farthest and most sensitive portion of its convolutions. It may be the first symptom noted; or it may be preceded by a season of somnolence, or by vomiting. This intense pain is the immediate cause of the *sudden starting up*, from sleep, or when going to sleep, which characterizes the beginning of meningitis; and it also causes the *sharp cry, crié encéphalitique*, which, while occurring in the earliest stages, is equally characteristic of the later periods of the disease.

II. *Periodical exacerbations of pain, with screams and sharp cries*; sometimes with loss of vision and of consciousness, the patient being sensible in the intervals.

III. *Intermission of paroxysms of pain*, less distinct as the disease advances. The corresponding tuberculosis of the bronchial glands, *laryngismus stridulus*, is characterized by similar aggravations, resulting from greater pressure of the enlarged gland upon a branch of nerve; the

tubercles and tuberculous glands temporarily increasing in size. The remissions in this latter disorder are more or less complete; during the exacerbations the child desires to be carried, but the cries are less sharp and violent than in meningitis.

IV. *Good appetite* in the intervals or absence of pain; *the child eats with relish*, even within two or three days of its decease. This symptom, in affections of the encephalon, we believe to be peculiar to meningeal tuberculosis. If this observation should be verified by more extended experience, a most valuable diagnostic indication will be established; for this symptom, when it occurs at all, appears in the earlier stages, and continues in those more advanced. To this corresponds the notable appetite so often seen in decided cases of pulmonary tuberculosis.

V. *Convulsions without loss of consciousness*. Where it occurs, of course in the earlier stages of intracranial disorder, this symptom becomes a strong indication of acute secondary tuberculosis of the meninges.

VI. *Somnolence*. Great drowsiness by day, with severe fever by night (in bilious remittent fevers, for instance) or fever with continued sleepiness, are symptoms which indicate the impending transfer of the disorder from the liver to the brain, where, indeed, in such cases, a great amount of pain will have been present all the time.

The obstruction of the functional action of the liver, which occurs under the influence of the miasm prevalent in ague districts, both vitiates the character of the blood and causes its apparent accumulation within the cranium. *In larger children* and young persons, this undue pressure upon the encephalon is relieved by *epistaxis*, often in the left nostril alone. And from the impoverished or poisoned condition of the blood, this hemorrhage repeats and perpetuates itself, the blood becoming more feeble and dilute. Ordinary medication fails; *Ferrum aceticum* should be given internally; or, in desperate cases, pledgets of cotton soaked in the first decimal dilution of *Monsel's solution of*

iron, and inserted in the nostril, will arrest the flow and save life, giving time for the blood to recover its tone by rest and food. *In younger children*, on the contrary, this undue pressure of the vitiated blood *leads to a rapid deposit of tubercles in the meninges.*

VII. *Vomiting.* Of this symptom, so constant, and so much dwelt upon by writers, I will only remark, that it is not only not peculiar to meningeal tuberculosis, but that in some well-marked cases of this disorder it has not been observed.

VIII. *Sudden starting up from sleep*, or when going to sleep. This symptom, very common in temporary hyperæmia—as described under Belladonna, “*starting as in fright*, particularly when on the point of falling asleep”—is regarded by the author of the article translated from the *Allgemeine Hom. Zeitung*,* as “the important sign, above all others, of the approaching disease.” It may, indeed, be produced by simple, temporary hyperæmia, but acquires its diagnostic value, in tuberculous meningitis, from its persistence and increasing prominence.

IX. *Sharp Cries—Crie Encephalitique.* This symptom, associated with the preceding, or with the paroxysmal exacerbations of pain—analogue to the lancinating pains of pleurisy—directs attention to the serous tissues of the encephalon; and, when persistent, indicates the operation of pathological changes which may result in serous effusion, in plastic formations, or in tubercular deposits.

X. *Convulsions*, with loss of consciousness. This symptom is so common to the advanced stages of intercranial disease, the principal exception being what I have termed *cerebral typhus*, that its absence becomes more significant as a diagnostic indication than its presence.

Other symptoms might be mentioned; but the length of the present paper will only allow brief notes of a few cases in illustration of what has already been adduced.

* U. S. Med. and Surg. Journal, vol. i, p. 237.

CASE 1.—A. B., two years old, had diarrhœa all summer, and when the disease attacked the brain, the allopathic physician in attendance gave up the case. His last prescription, a strong solution of *Argent. nit.*, made the spoon very black. Some days after I was called in, and when the patient seemed a little better, the late Dr. Atwood, of N. H., visited him with me, and pronounced his case hopeless. I had, however, the pleasure of seeing him entirely recover, and only refer to the case now for the sake of its most characteristic symptom, *paroxysms of screaming with loss of vision*. During the spells of pain the child was borne about the room, which seemed to make him easier. At times he would cry violently, sharp cries, totally unable to see; this state would be followed by stupid spells, with eyeballs rolling; then came intervals of comparative ease and consciousness. *Arsenicum* is the only remedy now remembered in connection with this boy's case, and to this I think his recovery mainly due. Dr. Hempel's case* seems to have had a very similar characteristic of this medicine—"clonic convulsions attended with cries."

CASE 2.—C. D., five years of age; a very smart boy, with *large head*. Father, a robust, healthy man; mother delicate and slender; had measles in the winter, followed by whooping-cough, for which, in the latter part of March, he came for the first time under my care. The roof of the house was so leaky, that when it rained the family were obliged to set tubs, and pans, and all manner of vessels in the sleeping-rooms, to catch the water as it fell from the ceiling overhead. There had been much of this very wet weather; still the boy appeared well, and went about out of doors every day. At the 1st of April the family removed to another house. The week was rainy, and the child, neglected no doubt in the confusion, took cold, and suddenly became very ill. Almost from

* Bachr's Science of Therapeutics, i, p. 99.

the first he screamed with pain in his forehead. For four days and nights I exerted myself to relieve him; but in vain. His pain became more intense and continuous, and his screams fearful. An allopathic physician took charge, who soon effected considerable relief by free application of blisters and sinapisms, and the exhibition of soothing medicines, principally the *Bromide of Potassium*. But in spite of all treatment the disease steadily advanced, till death put an end to the poor boy's sufferings. In the intervals of pain, even up to within two days of his decease, he was perfectly conscious, and eat quite heartily.

This most interesting case of a child naturally strong and vigorous, presents a combination of almost all the influences capable of causing meningeal tuberculosis. His father was a powerful, robust man; his mother a delicate though active woman; his head very large. When he had the measles—a disease more apt than any other to develop tubercles—and for two months after, and while suffering from pertussis, he lived in a house so damp as to be necessarily unhealthy. So that, finally, the excitement of moving and exposure to cold in wet weather, sufficed to develop rapidly, and with fatal intensity, a tuberculous disease, of which the seeds had been germinating for many weeks. His last illness continued nearly two weeks.

CASE 3.—E. F., seven years old; a smart, capable boy; a great musician; healthy; *with large head*. Father a strong, robust man; mother delicate and slender. Two of their children had died in infancy with disease of the brain. While at play, away from the house, he fell from a post, and *injured his left side, so that he vomited blood*. He did not mind it much, and was playing in the water the same afternoon. This occurrence was unknown to his parents and physician till after his decease. *Two weeks later*, on Friday, July 9th, he was taken with a chill. At first his disease assumed the form of a bilious remittent fever—intermittent fevers were prevalent at this time—

there would be no fever all day, but high fever all night, aggravating especially at 10 or 11 P.M. This continued nearly two weeks; and just as I began to see a prospect of the fever's abating on the fourteenth day, the mother took it into her head that the boy "needed a physic," and gave him a full dose of castor-oil before my morning visit. The effect was terrible; he almost went into convulsions, and she feared he would die that day. From thence his fever assumed the continued type, with still greater intensity after 10 P.M. The *pain in the head*, which he had all along with the fever, became still more severe, and he screamed at night with this and *pain in the region of the liver*. Drowsiness by day, and drowsiness or continuous sleep with fever by day, too plainly indicated the accession of disease to the brain. This went on for a couple of days; then spasms, first of the right side (hand, side of the face, and leg), then of the left, began each night at the time of the evening aggravation of the fever, 10 to 11 P.M. On Monday night, the sixteenth day of his illness, the spasms first came. Wednesday and Thursday he was more or less convulsed, still retaining his consciousness, and taking food with relish. Friday forenoon he was unconscious, and in the P.M. he died, three weeks from the commencement of an illness which had been preceded by an incubation of exactly fourteen days.

This was a very distressing case; partly from the fine promise of the oldest son, to whom the parents were greatly attached, and in part from the total and unexpected failure of all medical treatment, which led me to remark to the family at the time, that there was "*something mysterious about the case.*" This was afterwards explained by *the fall and vomiting blood*. I do not deem it worth while to recite the names of medicines unavailingly exhibited; the interest of the case consists in tracing the injury to the liver and the subsequently developed remittent fever, to their final determination in the brain. And this interest is heightened by the fact, that a younger and ap-

parently much more delicate brother had the same remittent fever at the same time, appeared for two weeks almost equally sick, and was likewise severely affected by the dose of castor-oil; but from that time got better, while the older boy grew rapidly worse.

The whole history of the case, and all the symptoms of its later course, indicated a gradually developed tubercular meningitis, simultaneous with a corresponding affection in the liver. We have an original scrofulous constitution; a large head; an injured liver, followed by bilious fever; severe pain in the liver, with *intense pain in the head*, aggravated with the nocturnal access of fever; there were no typhoid symptoms, no sordes, no brown coating on the tongue, only whitish fur; spasms, without loss of consciousness, succeeded, as the disease advanced, by convulsions with loss of consciousness; good appetite in the intervals of the fever, even after spasms had made their appearance; and to crown all, a fatal termination in spite of the most anxious and assiduous medical treatment.

CASE 4.—G. H., a babe of sixteen months, had suffered with ague, which was almost inveterate in the family, from the excessive shadiness and dampness of the house. They were obliged, even in dry summer weather, to light a fire occasionally in the sitting-room, to keep the stove from rusting. Soon after recovering from ague she was taken with crying spells, and would pull at the hair of the back of her head; this would be more noticeable after she had been sleeping. At times she would start up from sleep, as if in great pain, scream, and pull her hair. *Bel-ladonna* gave some relief, but did not prevent a renewal of the trouble. *Arsen.*³⁰ effected a cure. This medicine was indicated by the great pallor of the face, an earthy (not quite "death-like") paleness; and the disorder itself seemed very much like an incipient meningeal tuberculosis.

CASE 5.—Miss L., aged twenty-two, *had vomited every morning for two years*, and was subject to *severe attacks of*

cephalalgia. Friday, p.m., being in the house where she resided, I was requested to prescribe for the headache with which she was suffering. Nux vom. appeared to be indicated, and seemed to afford her some relief. Saturday, p.m., she walked up street in her usual health. Monday, at about three a.m., her brother called me to visit her, saying she had been screaming with pain for two or three hours, and he could do nothing with her. I found her on the bed, holding her head in her hands, sitting up or throwing herself about, and suffering with paroxysms of agonizing pain. After remaining with her an hour, and seeing the intervals becoming longer and the pain less intense, I believed the Nux vom., which I again administered, was doing good, and returned home. She continued somewhat easier for a couple of hours, then the pain became more severe and continuous than before, and when I got back at half past seven she was dead before I entered the house.

No *post mortem* was permitted; but this young woman's comparatively good digestion, and the freedom of her stomach, liver, and bowels, from other morbid symptoms, as well as some indications that her mind was not exactly right, proved conclusively that her chronic vomiting was due to a chronic tuberculous meningitis.

That a constantly present tumor, such as a large tubercle or mass of tuberculous deposit might form, is capable of causing *paroxysms of pain with perfectly painless intervals*, is proved by the analogous case of a lady whom I attended many years ago, who died after having been for twenty years a martyr to attacks of the most excruciating pain in the head. Nothing was ever found to relieve these spells of pain; and after her decease their cause was discovered in a *fragment of a steel instrument* which had been broken off in some operation on the cranium, and which the surgeon, unable to find and extract at the time, had covered up in the wound without remark!

HYGIENIC VENTILATION.

BY H. V. MILLER, M.D.

(Read before the Central N. Y. Hom. Med. Society.)

To ventilate a building is to properly supply it with fresh and pure air. Theoretically everybody knows that this is necessary to health and long life, and that in very impure air life can be prolonged but comparatively a short time. Almost any disease may be induced by inhaling bad air, but particularly common colds and typhoid and typhus fevers, for carbonic acid gas occasions general debility. Doubtless it is on account of the impure air, that so many persons in this climate are predisposed to catarrhs, both acute and chronic, which are developed on the least exposure to cold air. Ordinarily the only means of ventilating dwellings or any other buildings, is to widely throw open doors and windows. As the system is already prepared for a "cold," this is to many of the occupants, the usual result of such a proceeding, besides a great and unnecessary waste of heat. But if the doors and windows be kept closed, the same persons will perhaps faint away or take cold whenever they expose themselves by venturing out, or perhaps without any exposure whatever. So that health is often sacrificed, whichever horn of the dilemma be taken. It is said that a controversy once arose between two women in a railroad car, concerning the necessity of raising a window. One insisted that if it were raised, it would be the death of her, and the other said she would certainly die of suffocation if it were not raised. Finally an excited fellow-passenger besought the good conductor to raise the window and kill off one of the women, and then close it and thus kill off the other woman.

In a crowded, unventilated room, one will soon begin to feel dull and drowsy, and incapacitated to perform mental operations of any kind; he will possess no elasticity of mind or body, and will soon complain of a dull, heavy headache. Perhaps as a consequence, he will have a course of fever, which will be attributed to bad luck or the inscrutable ways of Providence, whereas by the exercise of a little common sense, he might have avoided all this trouble. Nature has provided us with a vast ocean of atmosphere, intending that we should use it without stint, during the brief period of our life. There is no tax nor

expense attending its use. Earth is preoccupied; water is often expensive; everything useful or desirable costs something, except good air, which is freely and abundantly furnished to all for respiratory purposes. We do not have to go even in quest of it. It is almost the only article of prime necessity which is not monopolized by the cupidity of man, and it must be our own fault if we fail to get our due proportion of it. The quantity required by each human being in an ordinary lifetime, if estimated in cubic feet, would be almost incredible. To breathe foul air is to violate one of the most important laws of life and health, which cannot be done with impunity, any more than we can expose a hand to a flame without suffering the consequences of such a foolish act.

The most common and one of the most deleterious constituents of the bad air we breathe is carbonic acid gas. This gas is a product equally of combustion and respiration. During every act of expiration it is exhaled from the lungs. It abounds in coal mines, and is a product of gaseous explosions so often fatal to miners. It is produced in a pure state by the combustion of charcoal. Almost every one knows the fatal result to the occupants of burning charcoal in a close room. But precisely such a poisonous gas is produced by respiration in a close room. A lecturer to a large audience once asserted that there was probably carbonic acid gas enough produced during his lecture to fill the room up four feet high, and actually proved it by the test of a lighted candle. He also dipped it out of the room by the pailful.

Carbonic acid gas is heavier than common air, and will therefore remain at the bottom of the room, unless forced out or allowed to flow out. It is not inclined like heated air to rise through a flue, but will flow like water into a well or cistern. To test its presence, introduce a lighted lamp, and, if the quantity be considerable, it will readily be extinguished. A vent-hole at the top of a room does not dispose of this deadly poison. And any so-called system of ventilation that does not secure this desired end, is equivalent to no ventilation at all. But in this cold climate, for full nine months in the year some means are required by which we can simultaneously warm and ventilate our dwellings, churches, school-houses and public halls. Thorough ventilation and an economical use of heat are demanded, fuel being now an important item of expense.

A room may be heated by radiation, as from a stove, grate, fire-place or steam radiator. But by radiation, the upper stratum of air in the room, near the ceiling, will be from ten to twenty degrees hotter than the lower stratum near the floor. This state of things is evidently very detrimental to health, and induces a determination of blood to the brain.

An old-fashioned fire-place secures a certain degree of ventilation, especially when there are plenty of cracks, crevices, and vent-holes in the walls to admit the requisite quantity of fresh air. But nearly all the heat escapes with the smoke through the chimney. The only comfortable place will be over the fire, and then while half the body is roasted, the other half freezes. If the room be tight, while the heated air ascends in the central portion of the flue, an equal proportion of cold air will descend externally to the rising heated column, to restore the equilibrium. One objection to a fire-place is that it involves a great waste of fuel; another is that since the country has been cleared up and thereby rendered colder, it is insufficient for the purposes of warmth and comfort. Grates are usually too high above the floor well to subserve the purpose of ventilation; and a tight stove or steam radiator gives no ventilation at all except by doors and windows. The apparatus for the latter is very expensive, and steam-heating is by no means economical, though it may answer very well in this respect, in a factory or steamboat, where there is plenty of waste steam. One fine, new building in this city (Syracuse, with twenty odd inmates, is heated by steam, and poorly at that, for they complain bitterly in cold weather. The cost of fuel alone, to say nothing of the fireman, is \$460 a year, averaging about twenty dollars a head, which is certainly not very economical, and the odor of the halls often reminds one strongly of an old hospital where the doors and windows only are used for ventilation, and this, in spite of numerous vent-holes in the upper portion of its walls. We have also a fine high school building furnished with vent-holes and steam-heating apparatus in the same manner, and with precisely the same results, with a yearly consumption of 110 tons of coal.

The best and cheapest plan to simultaneously warm and ventilate buildings is doubtless the Ruttan system, which was patented some years ago, but the patent has now ex-

pired, and whereas the right to adopt this plan in any building, formerly cost from twenty-five to one hundred dollars, it is now free to all.

This plan consists in warming a house or room by convection or the diffusion of heated air, conducted into the room usually from a furnace or heater below. The furnace is constantly supplied with fresh air from without, in such a manner that the cold air is brought into contact with the heating surface and thus thoroughly warmed before it is allowed to enter the room. A waste-air flue may be constructed independently of the smoke flue, extending from the floor or base-board of the room, up through the roof, where it is supplied with the proper covering to exclude the weather. The size of this waste-flue and register must correspond with that of the hot air conductor.

When the fire is built in the furnace, a powerful current of air rises from the hot air register with sufficient force to carry upward a newspaper, as it ascends towards the ceiling. Here it rapidly displaces an equal amount of cold or bad air, which is forced downward through the waste-air register, and thence upward through the flue. Place a newspaper near this register, and it will be carried forcibly towards the flue. Thus the cold air, carbonic gas, which is constantly reproduced, smoke, or any other impurities, are discharged through this flue, while the temperature of the room is remarkably equalized. There may be no more than from three to five degrees difference between the temperature of the room near the ceiling and that near the floor. The occupant feels refreshed and exhilarated, and he is not subject to attacks of severe headache, dulness, nor determination to the brain, attended with cold feet. All this is done with less consumption of fuel than would be used by any other mode of heating and ventilating. One large house in Danforth was warmed last year on this plan by a consumption of only seven tons of coal, whereas by the ordinary methods a considerably larger amount would have been used. One peculiarity about this plan is, that the ventilation proceeds in precisely the same manner after the fire is extinguished and the rooms become cool.

Any stove may be made to answer in place of the furnace, by admitting the fresh air through the floor under the stove and bringing this cold air in contact with the

heated surface, by surrounding the latter with a zinc or sheet-iron apron, placed a few inches distant.

By this mode of warming and ventilating I have known a large, cold room, in the coldest winter weather, to be comfortably heated by an ordinary furnace fire in the short space of fifteen or twenty minutes.

Buildings are thus made to ventilate themselves, and within them the most sensitive olfactories can perceive no bad odor. Bedrooms so ventilated will have a fresh and sweet aroma, and no doors nor windows will need to be thrown open. By such ventilation asthmatic subjects will breathe more freely and easily than by any other.

When there is a cold air register through the floor, communicating with the furnace-room, the hot air enters the room, while the cold air is displaced and forced down to the furnace to restore the equilibrium, where it is reheated and again conducted into the room above, and so on *ad infinitum*, with no ventilation whatever, the same foul air being used over and over again.

Our churches, school-houses and public halls generally have vent-holes at the ceiling to allow the pure, warm air to escape unutilized, and to retain all the deleterious carbonic acid gas near the floor. Our churches and session rooms can scarcely be warmed without causing some sensitive lady to swoon, because she cannot bear to inhale large quantities of carbonic acid gas.

Barbarous tribes build their huts with an aperture at the apex, for the escape of smoke and heat together, while the fire is built on the ground near the centre of the inclosure. Our modern ventilation is not much superior, except that it disposes of the smoke more effectually.

One of our new churches recently attempted to adopt the new system of ventilation, but made a perfect botch of it by adding four immense vent-holes in the ceiling over the gas light reflectors, fancying that these were necessary to procure a good gas light, and not realizing that the first plan provides all the oxygen necessary for combustion as well as respiration. It will probably cost a small fortune to keep that church warm during the winter.

The same botch was made in at least one of the city school-houses by having vent-holes near the ceiling. Thus without adequate ventilation seven hundred abused specimens of budding humanity are here incontinently crowded in one school-house, and that not of very great dimen-

sions, and forced to keep absolute quiet and preserve grave decorum, so contrary to childish glee, while reason and instinct irresistibly urge them to seek the pure oxygen of the open air.

The same remarks may be applied with more or less appropriateness to all the other city school-houses. Many children are obliged to quit school, because while there, they are constant sufferers from headache, or rather the poisonous effects of deadly carbonic acid gas.

Our badly ventilated school-houses are not much better than charnel houses for our children, who would doubtless be better off in the end without educational drill, if they could only thereby be blest with buoyant spirits and rosy health.

A MODEL CURE OF A CASE OF INTERMITTENT FEVER.

A SOLDIER, twenty-six years of age, got the fever and ague during the campaign in a malarious district of Poland, late in the fall, 1831. Quinine checked the fever, but it returned again and again, and quantities of so-called domestic medicines did not cure it. Nine months later, in midsummer, he came to Dr. Thorer, a real homœopathic physician.

Type tertian. Beginning in the morning hours with awful pain in the limbs, followed by a chilliness; is obliged to go to bed. Without any decided heat in the later hours of the afternoon, a violent sweating succeeds the attack. Besides these symptoms: vertigo, most when stooping and with motion, particularly on the day of the fever. Heat and burning in the eyes; tearing pain in back of neck; yellowish skin; liver spots on face; some time ago had many furuncles in face; at times sore blisters on the tongue; appetite tolerable, but after the meals pressing in stomach, frequent passing of wind, much more than usual; during the last week bowels regular, before often diarrhœa; small of back hurts when stooping; every night an eruption of small red pimples in the hollow of the knees and on the arms; in warmth, much itching and burning, disappearing during the day; complains of pain in the left hypochondrium; palpation shows *the spleen to be swollen to an enormous size, and hardened*. Prognosis had to be very unfavorable.

July 18th. *Carbo vegetabilis*. Three globules of the 30th

centesimal. The week following this one dose, *all febrile symptoms disappeared*, and he continuing to improve, his physician did not see him until forty days later. The swelling of the spleen had lessened very considerably, the man's appearance was more healthy, all functions were regular; but when stooping blood rushed to the head, and the head ached; limbs commenced to tremble, and he felt weaker; in the afternoon some pressure in the eyes; on rising in the morning he felt tired and had headache, which disappeared when walking and moving about; after eating some pressure, and every second or third day during his work a stitch in the spleen.

Sept. 3. *Natrum muriaticum*, two globules of the 30th centesimal, one dose. As he was a soldier, he had to submit to a careful final examination, which was made on Oct. 20th. He was found to be perfectly well, and *the enlargement of the spleen was entirely gone*. This was ninety-four days after the beginning of treatment. Before publishing this case the doctor went to see him, and found that for one year seven months three weeks and five days he had remained perfectly well; had no relapse whatever.

This authenticated case is quoted in Lord's Book on Intermittent Fever, page 21, with the arrogant addition, "I should be ashamed of such cures, and my patients would lose all patience. I would not report such cases *if they were true*."

In the same book, on page 52, case 414, we find the following: "Sept. 25, 1855. Spleen complication (?). Dec. 27. Better. Continued *Arsen.* and *Nur.* Feb. 25, 1856. Better; tumor gone. Continued *Ars* and *Nur* at longer intervals." From Sept. 25th to Feb. 25th are one hundred and fifty-three days, exactly sixty-three days longer than in the first case, and after all it is a question whether the woman is well. "*I should be ashamed of such cures.*" C. Hg.

AMPUTATION OF THE LEG BY THE COMBINED METHOD.

BY J. H. McCLELLAND, M.D.

DR. HUDSON, of California, claims to have originated a method of amputation combining the good features of the old circular and flap operations, and avoiding the defects of both. He further claims to have pursued this plan

with great success in the army, and also pretty plainly intimates that Dr. Stephen Smith, of Bellevue, there obtained from him the principal points, and afterwards published a description of the operation, leaving the public to infer that it was his own.

But as this is their own fight, I will simply adopt Dr. Hudson's description of the operation, and then give a case in which it was practiced with most excellent results. When better known, I believe this plan will supersede all others, in the majority of cases, as combining more good points (with the avoidance of bad ones) than any operation now practiced.

"With a scalpel, or cartilage-knife, an incision is commenced at the posterior side of the leg, and carried in a downward semicircular sweep to the crest of the tibia, just through the integument. The lowest deflection of the sweep is nearer the posterior leg. The same cut, beginning and terminating as before on the opposite side, completed, the skin is then retracted as in the circular operation, which lays bare the muscles for the space of an inch (see Fig. 1). Then transfix the inner side and cut outward, as in other flap operations, dividing the muscles an inch shorter than the retracted integument. The scalpel or cartilage knife is used to divide the muscles on the fibular side. The saw is now applied at an angle of forty-five degrees, and a diagonal cut made three-fourths of an inch deep; when the direction of the saw is changed, and the bones and wedge-shape chip are severed together by a transverse cut. (See Fig. 2.)

"Removal of the wedge-shape chip from the spine of tibia stump also removes an old objection, viz., the danger of the sharp bone cutting through the thin integument by ulceration. The flaps thus obtained make a fine, smooth, and conical stump, without any crowding or stretching, and without redundance. They are of equal size. The surgeon is not puzzled with the task of trying to fit a four-inch flap to a six or eight-inch fellow. This

plan presents many advantages over every other method of cutting the flaps:

FIG. 1.

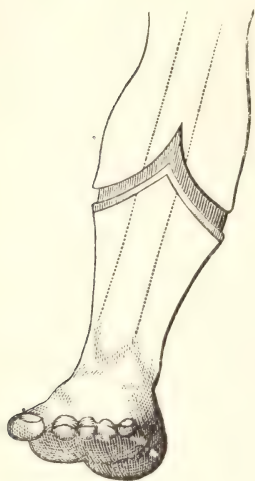


FIG. 2.



- "1. The avoidance of all after-trimming ;
- "2. Quicker and more certain union by first intention ;
- "3. Drainage is complete, and pockets of ichor and pus avoided ;
- "4. The stump presents no puckering or pouting corners.

"In all cases the stump is traversed by the cicatrix. Dr. Smith and others object to this result on the ground that it is 'not firm and resisting, and not adapted to take direct support.' This is a groundless fear, and has been long a bugbear and innocent obstacle to the work of the surgeon ; for direct pressure on the stump is never borne, and never allowed. All successful leg-makers permit no floor for the stump to touch or rest on ; but support the entire weight of the body by the sides of the stump, the condyles of the knee, and the tuberosity of the ischium."

This, then, is the operation, and it certainly promises

well. The case given below has answered every expectation, and I hope at a future day to add others having an equally successful issue.

Jas. McB., æt. 25. Light hair, eyes, and complexion. July 6th, 1871, was admitted to the hospital* suffering with injuries of the lower leg and ankle, caused by the fall of some heavy machinery. The force came upon the top of the knee, which was bent, driving the bones of the leg upon the ankle. When I examined the case, I found the foot lying upon the outside of the leg, with the sole looking upward; the tibia and fibula were torn from the joint and protruding two or three inches through the skin. Both malleoli were broken off, and the lower end of the fibula comminuted. It was proposed to amputate the foot at once, but at the earnest solicitation of the patient and friends, it was decided to make an effort to save the limb. Removing the comminuted portions of bone, and sawing off the jagged ends, the limb was placed in as favorable position as possible for union. Without going into the details of the subsequent treatment, suffice it to say that after eight weeks of careful trial it became evident that to delay amputation further was worse than useless.

Accordingly, on September 7th, 1871, after a full consultation with the hospital staff, the limb was amputated at the lower portion of the middle third, or a little below the middle of the leg. Having recently read of Dr. Hudson's operation, I concluded to adopt it in this case, commencing the incisions at the front instead of the back, as he recommends. But it is of small consequence whether the incisions begin back or front. The operation varied but little from that described above, and hence it is needless to repeat the various steps in this case. Figures 1 and 2 give a very fair idea of the main points of the operation, and are similar to those used by Dr. Hudson in illustration of his plan, but are modified to suit the case here described.

* Homœopathic Hospital and Dispensary of Pittsburg.

The arteries, three in number, were secured with silk ligatures, and the wound thoroughly washed out with a weak solution of calendula in hot water. This was made more necessary from the fact that pus had burrowed through the muscles to considerable extent, and we had reason to fear extensive suppuration of the stump.

When the flaps were approximated and secured with sutures and isinglass-plaster, they formed a very handsome stump. Dry dressing was applied and Arnica³⁰ ordered internally. The pulse during the operation was weak and fluttering, but afterwards rallied.

In the evening there was burning, sore pain in the stump. Pulse quick and weak. *R.* Staph.³⁰, two hours.

September 8th. Pain relieved; slept about half the night; pulse better. Now has jerking in the muscles of the stump. *Ignat.*²⁰⁰, one dose.

September 9th. The jerking was relieved immediately; appetite good, and feels well. Removed and renewed the dressing; not much discharge; a good part seems to have healed by first intention. Complains of soreness from the dressing. *R.* Arn.²⁰⁰.

September 10th. Improving. *R.* Calend.³, three hours.

September 11th. Some purulent discharge. Cont. same.

September 12th. Discharge of pus increased. Same medicine.

September 13th. The discharge of pus continuing, the stump was dressed with Oakum, and Hepar²⁰⁰, one dose given daily.

September 14th. Removed one of the ligatures.

September 15th. Removed the remaining ligatures; stump looks better, and discharge of pus decreasing. *R.* Same.

A dose of Hepar²⁰⁰ was given for a day or two longer and then Sac. lac. The stump assumed a sound, healthy appearance, except over the end of the fibula, where it was still discharging pus.

September 23d. The probe shows the end of the fibula

to be somewhat carious, so I concluded to separate the flaps slightly at this point, and saw off a small piece. This was done without much trouble.

September 29th. Looks well; very little pus discharged. Nearly all healed over. Calc. phos.²⁰, one dose a day.

The general health of the patient was now excellent, and in a week or so he was about on crutches. The stump is sound and healthy, and of excellent shape for an artificial limb.

I have only to add that this plan of operating has given more satisfaction than any I have yet had opportunity to practice. It gives most excellent chance for drainage, and in the case above reported, where we had every reason to expect trouble from suppuration and bagging, the suppuration was slight and there was no bagging whatever. Another feature in favor of this plan is the facility with which the stump may be opened, if occasion requires, without disturbing the whole relation of the parts; as for instance, in the above case, where it was necessary to the rapid and sound healing of the stump to saw off the carious end of the fibula, which could not have been done with the ordinary flaps without considerable inconvenience and disturbance of the flaps.

Cutting off the wedge-shape chip, although not entirely new, is nevertheless worthy of mention, and certainly improves the stump both in appearance and endurance, doing away with the protruding angle of the tibia.

The traversing of the stump by the cicatrix is not an objectionable feature, as the author claims and shows.

The application of the dry and oakum dressings I believe to be preferable to the continued use of aqueous solutions. The necessary medication can all be done internally.

Washing the wound with moderately hot water is also more desirable than the use of cold, controlling hemorrhage fully as well if not better.

CARBOLIC ACID AS A DRESSING FOR WOUNDS.

BY J. H. AUSTIN, M.D.

(Read before the West Jersey Homœopathic Medical Society, August 16th, 1871.)

CARBOLIC ACID has come to be considered one of the "indispensables" in surgical practice. Coming into notice but a few years ago, its uses have multiplied and its sphere of action has greatly extended. There is an old saying that "there is nothing new under the sun;" and perhaps it may be found necessary to place this acid in the category of chemical agents, once discovered, lost to science, and rediscovered through the persevering research of man; for there are reasons for believing that it was known to the ancient Egyptians, and by them employed in the process of embalming. However, it is not necessary to enlarge upon this branch of the subject, as we are more particularly concerned with its chemical composition and its practical uses. It would be superfluous to give in this brief article a detailed account of the process of its manufacture, as the formula can be found in any of the later works upon chemistry. I will therefore simply state that Carbolic acid is one of the products of the distillation of coal tar, and that when pure it forms or crystallizes into long prismatic needles, which melt at a temperature of 95° to a liquid which closely resembles creasote. It is slightly soluble in water, but dissolves readily in alcohol or ether. When applied in full strength to a mucous surface or a wound it produces a whitish film, which is due to the coagulation of albumen. Its application is attended with pain of a burning, smarting nature, which, however, is of short duration. Wounds that gave the patient uneasiness prior to its application are made comfortable after the first effects of the acid pass off. Carbolic acid is fatal to insect life; the larvæ are destroyed by it, therefore there need be no fear of a wound containing maggots so long as the acid solution is applied. If they have made their appearance in a wound before the application of the acid, the solution will quickly remove

them, and with them the fetor of the discharge. I have never found any other agent that as thoroughly corrects the foul odor of unhealthy pus. It prevents the formation of pus in a recent wound. It needs only for the investigator to experiment in order to test the truth of this assertion. I will cite one case as an example. Last September, a boy presented himself with a lacerated wound of the middle and third fingers of the left hand, caused by having them caught between a rope and a post. The tissues were badly torn, leaving an open bleeding surface upon two-thirds of each finger. After cleansing the wounds I applied Carbolic acid dressing, in form of a paste. This was on Saturday; on Monday I removed the dressing. The wounds looked healthy; no pus; dressed the parts every other day for several days, then resolved to try the experiment of applying another dressing to one of the fingers, while the other received the same treatment as before. I selected the old Basilicon or Resin ointment, familiar to all surgeons. Two days thereafter I removed the dressings from both fingers. The one having upon it the Basilicon ointment was bathed with pus, and had a faint odor. The other, with the Carbolic paste upon it, was healing rapidly, looked perfectly healthy, and no pus appeared. I suspended further experiment, and treated them alike. The wounds healed in a short time, and the boy recovered the complete use of his fingers, and suffered only the inconvenience of a scar, which was unavoidable, as the rope had scraped away some of the muscular tissue. I will here give the composition of the paste referred to: Carbolic acid, 1 part; Olive oil, 3 parts. I procure some ordinary "whiting," powder it thoroughly, removing the coarser particles and gritty substances; I then mix a sufficient quantity of the oily solution with the whiting to produce a paste about the consistence of mortar. This can be spread upon a piece of lint or muslin, and applied to wounds. When it is removed the wound, unless perhaps a very extensive or deep one, will be found clean, and no necessity for washing it will exist.

The dressing peels off very much as putty would. There is no difficulty experienced in removing it. It is the cleanest application I have ever made use of. I have treated a number of wounds, some of them quite severe, in this way, and have yet to know of any unpleasant effects resulting. The patients, without exception, have expressed themselves very much pleased with the action of this dressing, and many of them have informed me that it seemed to prevent all pain in the injured part.

In July, 1871, Mr. P——, a plethoric, middle-aged man, received a wound in the hand by a circular saw. It penetrated the metacarpo-phalangeal joint of the index finger, exposing the head of the metacarpal bone, and slightly roughening and cutting its surface. The tissues upon each side of the wound were cut into ribbons, as it were, and the thumb lacerated. After securing the wound by sutures, and temporarily applying a cold water dressing, I placed upon it the paste (made as before alluded to). For some days I dressed the wound once a day, and then every other day, and finally every three or four days. It healed without loss of any of the lacerated tissues, and the patient recovered the full use of his hand. A wound like this, under the old regime, would have called for amputation of the finger, and removal also of the head of the metacarpal bone, as the finger was more than half off, and great danger of the lacerated tissue sloughing. I fully believe that with the ordinary dressing, the patient would have had a very different experience. From former experience, while a surgeon in the navy, treating wounds in the hospital in the old way, I can safely say that Carbolic acid applications to wounds have produced almost a revolution in conservative surgery. The advantages I have found from a practical trial of the agent are these: prevention of suppuration, or at least very materially lessening it; correction of offensive odor; promotion of the healing process; local sedation; freedom from all danger of fly-blown wounds; cleanliness.

I would call the attention of the Society to another use of Carbolic acid. Dr. Erasmus Wilson, Professor of Dermatology in the Royal College of Surgeons of England, had a case of hypertrophy of the epithelium of the glans penis. It became necessary to destroy this growth by application of a powerful caustic. The patient was unable to bear the pain, and the doctor, in order to conquer the morbid irritability of the part, as he says, applied Carbolic acid. This was not attended with pain, and several applications were made until quite a film had been formed. The caustic was now applied, and no pain resulted. This is an important hint, and it becomes us as surgeons of a progressive school to treasure it, and make use of it. The true physician and surgeon will use *any* means at his disposal to relieve or to save his patient. It is a duty he owes to humanity, and he should rise above all petty prejudice, and think only of the good to be gained. Homœopathic physicians, of all medical men, should be liberal. There is no reason why homœopathic surgeons should not take the lead if they are thoroughly educated men, for they have at their disposal remedial measures not possessed by their allopathic brethren. Mere hunting of symptoms in a repertory will not do, however. The surgeon must possess further knowledge, and be capable of adapting himself to circumstances. I am glad to note a growing spirit of liberality. Without it there can be no genuine progress. Homœopathy, as a system of medical practice, is advancing rapidly in the public favor; let us not fall behind in surgery. I feel that I must offer an apology for an article hastily prepared, and the necessarily cursory manner in which I have treated the subject under discussion.

ALLEGHANY CO. (PA.) MED. SOCIETY AND THE CHICAGO SUFFERERS.

As soon as the loss sustained by the homœopathic physicians of Chicago was known, this Society held a special meeting, Oct. 12th, and appointed two delegates, Drs. J. C. Burgher and J. F. Cooper, to visit Chicago, inquire personally into the losses sustained, ascertain what means could be devised for relief, and report at a meeting to be held Oct. 20th, 1871. The adjourned meeting was held at the appointed time, the delegates reported, resolutions of sympathy were adopted, and means taken for collecting funds. Upwards of \$400 have been collected and forwarded.—EDITOR H. M.

EDITORIAL NOTES.

BERRIDGE'S REPERTORY.—With this issue of our journal we complete the publication, for the present, of this work. Those who have made use of it pronounce it the most perfect and useful Repertory for the head and eyes thus far published. It makes a book of 220 pages, which will often be consulted by those who are desirous to make exact prescriptions for affections of the eyes and head. It is with regret we announce that Dr. Berridge has given up for the present his work on the Repertory.

DR. HERING'S MATERIA MEDICA.—The publication of this work in connection with the *Hahnemannian Monthly*, will commence with the January number. That most valuable and often slighted remedy, *Graphites*, will be first introduced. The publication will be uniform in all respects with that which has already appeared.

PENNSYLVANIA HOMŒOPATHIC MEDICAL SOCIETY.—The seventh annual meeting of this Society will be held at Harrisburg, on Wednesday and Thursday, February 7th and 8th, 1872. Members of the Society and delegates from other medical bodies will please notice. Homœopathic physicians of Pennsylvania, who are graduates in medicine, may make application for membership through the Recording Secretary, Bushrod W. James, M.D., No. 1821 Green Street, Philadelphia. Members of bureaus are earnestly requested to look to the working of their department, that the meeting in February may be made valuable to the profession.

HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE, AND MONTGOMERY COUNTIES, PA.

REPORTED BY TRIMBLE PRATT, M.D., SECRETARY.

THIS Society held its Annual Meeting at the office of Dr. Joseph E. Jones, at West Chester, on Tuesday, October 3d, 1871. The President, Dr. Mahlon Preston, took the Chair at 11 A.M. The following gentlemen were present: Drs. Jones, Smedley, C. Preston, M. Preston, Perkins, Johnson, and Pratt; and by invitation, Drs. R. J. McClatchey and H. N. Martin, of Philadelphia, W. A. D. Pierce, of Leopard, Pa., and Mr. S. Long, medical student.

The minutes of the preceding meeting were read and adopted, and these, together with the Treasurer's report, which was likewise read and adopted, showed the Society to be in a flourishing condition.

The report of the committee to prove *Eucalyptus globulus* being called for,

Dr. Jones stated that nothing had as yet been done towards the proving. He, however, gave at some detail an account of an outbreak of typhoid fever that had recently occurred in West Chester and vicinity, and in which he had found the *Eucalyptus* quite useful in controlling the usual afternoon febrile exacerbation.

This subject was discussed by several members.

Dr. W. A. D. Pierce, of Leopard, Pa., was elected a member of the Society.

The following officers were elected to serve during the ensuing year: *President*, Mahlon Preston, M.D., of Norristown; *Vice-President*, I. D. Johnson, M.D., of Kennett; *Secretary*, Trimble Pratt, M.D., of Media; *Treasurer*, R. C. Smedley, M.D., of West Chester.

The Society adjourned to meet with Dr. I. D. Johnson, at Kennett Square, on the first Tuesday in January, 1872.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY R. J. McCLATCHEY, M.D., SECRETARY.

THE October meeting of the Society was largely attended. The President, Dr. Jeanes, took the chair at 8 o'clock. The minutes of the September meeting were read and approved.

George J. McLeod, M.D., was proposed for membership by Dr. J. K. Lee, and elected under a suspension of the rules.

Dr. BUSHROD W. JAMES, Scribe, then presented his monthly report, as follows:

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

CHLORAL HYDRATE CONTRAINDICATED IN HEMORRHAGE.—Various observers have noted the disposition chloral has of favoring the production of hemorrhage in cases where the powers are feeble and the loss of blood likely to occur, in ulcerations of the bowels, stomach, mouth, or alimentary canal generally; in cases of ovarian disease, or in females subject to uterine hemorrhage. It even tends to re-open recently cicatrized ulcers of the mucous membrane. We should expect it to produce metrorrhagia, if given to females at the menstrual period, if they are subject to a copious flow; likewise in the hemorrhagic diathesis, or persons who have had purpura hemorrhagica, and in typhoid or typhus cases, where there is a tendency to epistaxis; or in persons subject to hæmoptysis or hæmatemesis, &c.; while in capital operations it will most likely tend to produce secondary hemorrhage in some constitutions.

NEW MODE OF REMEDYING DISTICHIASIS.—Dr. W. Schulke, of Vienna, refers to the novel method of Sneller, of turning the inverted eyelashes out, and holding them in a silk loop run through the affected eyelid at its external edge, in the September No. of the *Medical Investigator*, as follows: "This operation is performed in the following manner: A fine, curved needle is armed with a double thread of fine silk, the free ends being carried through but a short distance, leaving the loop to be used as will be pointed out. The needle is inserted in the tarsal margin of the lid, close to the distorted cilia, and carried upward, including just enough tissue to prevent the thread tearing itself out. Having drawn

the thread through to within two lines of the end, the loop is opened, and with a pair of iris forceps the hair is passed through it. The lash now lies in a horizontal direction, and is retained there until the thread is tightened either by the operator or an assistant. Traction is continued on the thread until it is drawn through, carrying the hair with it. The lesion in the lid is slight, starts but little blood, and produces only a transient burning sensation. If many hairs are displaced, it is desirable to have more than one sitting.

"Dr. S. has never transplanted more than ten, nor less than six ciliae at one time. With very fine, small hairs, we are apt to fail; but large, strong ones give an exceedingly favorable result. In some cases the needle can be entered between two hairs, which should be passed through the loop to the right and left respectively, and then both drawn into the one canal made by the needle. The incision soon closes, and retains the lash. For a few hours after the operation the eye must not be wiped roughly. Simply touching it with a soft cloth serves to remove the tears, and is not likely to displace the lashes."

ZINCUM POISONING.—A good allopathic proving of carbonate of zinc is recorded in the "*Boston Journal of Chemistry*," and noted by the "*Boston Medical and Surgical Journal*." It was produced in a lady, by drinking water that flowed through a galvanized iron pipe. It is recorded as follows: "I have pain in my head, feel drowsy most of the time, am sick at stomach, and have a dreadful sensation in my stomach; have to keep expectorating all the time, and the mucus has a disagreeable metallic taste; my limbs ache; I have pain in the abdomen; no appetite, and when I lie down I am numb all over; I fear apoplexy." She had a peculiarly cadaverous, pinched, unnatural expression of face, a slow pulse, easily compressed under the finger, a moist surface, a dirty, moist tongue; scanty urine, color not unnatural; and she was raising a large amount of mucus of a milky color. The doctor was enabled, by active, efficient means, to improve the heart's action speedily, but the nausea and distress at stomach and glandular mucous secretion were obstinate in yielding to means administered; the power to use and control the lower extremities continued to embarrass her exceedingly for six weeks. On the 20th of August, she was able to be removed to the seashore, and there she recuperated rapidly. She returned early in September very much improved, though she still had some pain in joints of knees and ankles, and to this day her right arm gives her annoyance in failing at all times to respond to her demands.

THE EYE IN TRICHINIASIS POISONING.—Some interesting symptoms are noted as observed in quite a number of poisoning cases, from eating raw ham, of which we make the following extracts:

"Soon after the stiffness of the muscles of the neck was remarked, it was noticed that the expression of the eye was very rigid, although the eyeball could be moved about without difficulty. This was attributed to the presence of trichinae in the muscles of the eyeball. The patients

were conscious of stiffness and difficulty in motion of the eyes. In a few days œdema of the eyelids was noticed, and of the tissues around the orbit. Afterwards the conjunctiva oculi became œdematous, so as to resemble the appearance in gonorrhœal ophthalmia. There was injection of the conjunctiva of the eye, and the palpebral conjunctivæ were very red, and also a little œdematous. When the œdema of the eyeball was at its height the eyeball was rather prominent, and its mobility disturbed. The iris contracted, and there was great mydriasis, so that there was no motion of the iris, even in changing of the light. The power of seeing was so far disturbed that the patients said they saw everything as if surrounded by a halo. Such appearances were only noticed in the severest cases of trichiniasis; they were bilateral and symmetrical."

SMALL-POX.—A new mode of managing small-pox consists in washing the patient daily in crude wood vinegar, and it is assumed that this course, as well as benefiting the patient also prevents infection from such to others; experiments, however, prove that if it is a good remedy, it is not invariably an infallible one for either case.

I have experimented with *Sarracenia Purp.* in small-pox cases formerly, and am using it now in a confluent case with beneficial effects. It is used as an infusion, and I have found it to shorten the disease. In one case of varioloid I used *Mercurius* with good effect.

VACCINATION.—Dr. Davy, a European, claims that Jenner doubted that, after five removals from the cow, vaccine lymph was really not suitable to use, and that in order to obtain its full virtue fresh cow-pox virus from the cow should be again obtained.

I prefer the animal vaccination or virus from the cow only, in all cases, if it is obtainable, and authorities in cities where variola is prevailing, should appoint a suitable person to obtain and supply to physicians the reliable article direct from kine.

A communication from Dr. Horace M. Paine, of Albany, N. Y., in reference to the statements of Dr. J. M. Toner, in the *Boston Medical and Surgical Journal*, as to the number of homœopathic and allopathic physicians in the United States, was presented by the Secretary. The communication was received, with thanks to Dr. Paine for the same. (This paper will be found in the September number of the *Hahnemannian Monthly*.)

THE SECRETARY then read a MEMORIAL OF THE LATE WALTER WILLIAMSON, M.D. (See page 145, November number.)

On motion, the thanks of the Society were tendered the Committee on Memorial, for their faithful performance of the duties assigned them.

THE SECRETARY called the attention of the Society to the great probability of some of our brother practitioners in Chicago being in want of assistance, in consequence of the disastrous fire in that city. He stated that he had, several days ago, written to Drs. Ludlam, Duncan, and Hoynes, asking for particulars, and wished instruction from the Society as to what course he should pursue on the receipt of details.

Dr. BUSHROD W. JAMES offered the following resolution, which was unanimously adopted:

Resolved, That this Society deeply feels the terrible calamity which has befallen our fellow-citizens of the city of Chicago, and herewith tenders them sincere and heartfelt sympathy, while, as individuals, we will afford them such material aid as is in our power. To our brother physicians, especially, and to our pharmacutists, editors, and publishers, who have suffered loss, do we particularly extend our sympathy.

Dr. J. C. MORGAN moved, and it was unanimously carried, that the Secretary continue his correspondence with Chicago; and if, upon receiving precise information from the physicians there, he deems it advisable, he be authorized to call the Society together to take action in the matter.

A discussion on the prevailing epidemic, *Small-pox*, having been announced,

Dr. DUDLEY, Chairman of the Committee on Prevailing Diseases, announced that he had a short paper on the subject, which he would read.

Dr. H. N. MARTIN hoped that the discussion which would follow would not be printed, as he thought it would be very injudicious to have it known that small-pox was so rife as to be worthy of discussion by a medical society. He thought that people might be kept from our city, and much injury done in various ways.

Dr. KORNDOERFER replied to Dr. Martin. In his opinion the discussion should take place, and should be published in the *Hahnemannian Monthly*, if the editor deemed it worth publishing, as, if any information was given, more than those who are present at this meeting could thereby derive benefit from it.

Dr. B. W. JAMES said that small-pox was spreading rapidly in the city, and we might as well face the truth. He thought it injudicious to talk about suppressing discussions had on the subject.

Dr. DUDLEY then read his paper, as follows:

REPORT ON VARIOLA.—The Committee on Prevailing Diseases deem it proper to offer a report in reference to the prevalence of variola.

This disease, which, at the time of our last meeting, one month ago, was confined to a very limited field, has since that time rapidly assumed the form and proportions of an epidemic, particularly in that portion of our city lying north of Poplar Street, and between Ninth and Broad Streets, while in other portions of the city also cases of the same disease have not been rare. So far as we may judge from the facts in our possession, it would appear that a large number of cases are attributable to the culpable ignorance and the criminal indifference of a single family. This family, who, it is said, "did not believe in vaccination," after incurring the malady for themselves, allowed some of its members to play with other children on Warnock Street, while still their faces showed unmistakable signs of its presence. The children who attended the

school thus became the media by which the poison was rapidly transmitted in all directions. It does not appear that this was the only means by which the epidemic assumed such proportions, and in so short a time, but the force of the fact we have mentioned will be appreciated when we state that a very large number (comparatively speaking) of the scholars of the Warnock Street school are now suffering with variola.

The epidemic appears to be somewhat more malignant than the one which visited our city about eight years ago; many of the cases assuming a hemorrhagic type, which rapidly conducts them to a fatal termination. Indeed, these cases are so frequent, that it becomes a question of serious consideration as to what are the means best adapted to prevent this complication, or to combat it when it actually presents itself. To aid in the consideration of this question, I here give the particulars of a single case occurring in my own practice.

T. V., age forty; vaccinated in childhood; temperate in his habits; had been troubled for several days with a feeling of lassitude and dull pain over the eyes, with some loss of appetite.

Monday, October 2d. Taken with frontal headache, nausea, and vomiting, and watery diarrhœa, with soreness over the abdomen; also muscular pains in the lumbar region and inferior extremities, fever, thirst, pulse 120, and moderately full. These symptoms continued without abatement for forty-eight hours, involving, of course, entire loss of sleep and appetite.

Wednesday, October 4th. Eruption appeared over the chest and abdomen, and later in the day on the face and neck, and the pulse fell off to 96.

Thursday, October 5th. Vomiting ceased; muscular pains and headache somewhat diminished; hemorrhage from gums and fauces necessitating frequent expectoration.

Friday, October 6th. Bloody expectoration continued; pustules filled with dark blood, with free discharges of blood from the bowels and bladder; pulse rising and growing weaker, and death at 7½ o'clock, P.M.

These symptoms, as will at once appear, are suggestive of typhoid complication, and of our prominent typhoid and typhus remedies. But it is doubtful if much can be accomplished even with these after the establishment of such grave symptoms.

It is surprising to notice the prejudice existing, even at this time, in the public mind, on the subject of vaccination; a prejudice for which the medical profession, or rather certain members of it, are not wholly irresponsible. It is painful, also, to notice in our own branch of the profession a lurking willingness to depend upon the alleged prophylactic and remedial powers of certain alleged homœopathic remedies. This indifference or distrust on the one part, and the prejudice existing on the other, exhibit a want of acquaintance with the subject of vaccination, which in these days of medical enlightenment is never excusable, and in emergencies like the present is always reprehensible.

The reading of Dr. Dudley's paper was followed by a short discussion on vaccination.

It was moved and carried that Small-pox be the subject for discussion at the next meeting, after which the Society adjourned.

A special meeting of the Society was held, October 17th, 1871, at the call of the Secretary, to take action for the relief of the suffering homœopathic physicians of Chicago. The President took the chair at 12 o'clock, noon.

THE SECRETARY read a letter he had received from Dr. T. C. Duncan, of Chicago, editor of the *Medical Investigator*, giving the details, so far as known, concerning our brethren of Chicago who had suffered loss, as well as a telegram he had received from Prof. R. Ludlam, asking for help for the suffering.

It was moved and carried, that a committee be appointed to collect funds from the homœopathic physicians of Philadelphia. It was also moved and carried, that funds be at once raised from those present at the meeting, to be at once forwarded to the scene of disaster.

It was moved and carried, that the Secretary of the Society be chairman of the committee, and that he receive all funds now raised, or hereafter collected by the committee, and forward the same to Dr. Ludlam as speedily as possible. The President then appointed the committee as follows: Dr. McClatchey, Chairman; Drs. John E. James, R. E. Allen, P. Dudley, Thomas Moore, W. M. Williamson, Richard Koch, C. B. Knerr, A. Korndoerfer, A. H. Ashton, Harriet J. Sartain, John K. Lee, W. B. Davis, B. F. Betts, W. B. Trites, B. W. James, and A. R. Thomas. Subscriptions were at once taken up.

The November meeting of the Society was largely attended, Dr. Jeanes occupying the Chair. The minutes of the regular meeting, held October 12th, and of the special meeting, held October 17th, were read and approved.

The Secretary, as chairman of the committee on collecting funds for the relief of homœopathic physicians of Chicago who had suffered loss by fire, made the following report:

Subscribed at the meeting, held October 17th, 1871: Dr. Jeanes, \$50; Dr. H. N. Guernsey, \$25; Dr. David James, \$25; Dr. Harriet J. Sartain, \$25; Dr. A. H. Ashton, \$20; Dr. Dudley, \$10; Dr. Korndoerfer, \$10; Dr. John E. James, \$10; Dr. R. E. Allen, \$5; Dr. A. S. Gaskill, \$2; Dr. C. F. Matlack, \$10; Dr. W. B. Davis, \$10. Total, \$202.

Collected by the Committee on Collections: Dr. W. M. Williamson, \$25; Dr. C. G. Raue, \$10; Dr. Jacob Reed, \$10; Dr. Thomas Moore, \$50; Dr. B. W. James, \$25; Dr. E. H. Farrington, \$10; Dr. R. E. Sargent, \$5; Dr. W. H. H. Neville, \$10; Dr. Lemuel Stephens, \$10; Dr. I. W. Heysinger, \$5; Dr. J. Frishmuth, \$10; Dr. Gerhart, \$5; Dr. J. J. Garvin, \$5; Dr. C. S. Middleton, \$15; Dr. R. J. McClatchey, \$25; Dr. B. B. Gumpert, \$5; Dr. Eliza F. Pettingill, \$10; Dr. John K. Lee,

\$10; Dr. Birch, \$2; Dr. R. Koch, \$10; Dr. M. Macfarlan, \$5; Dr. A. W. Koch, \$5; Dr. O. B. Gause, \$10; M., \$5; Dr. C. Hering, \$25; Dr. C. C. Cresson, \$20; Dr. J. R. Earhart, \$10; Dr. C. B. Knerr, \$10; Dr. J. M. Weick, \$10; Dr. J. S. Shimer, \$5; Dr. T. C. Williams, \$20; Dr. H. C. Heller, \$2; Dr. G. E. Gramm, \$10; Dr. Bernard Berens, \$20; Dr. A. R. Thomas, \$15; Dr. Seth Pancoast, \$5; Dr. W. Bigler, \$3; Dr. B. F. Betts, \$2. Total, \$439.

Total amount collected, \$641. From which is to be deducted \$3.44, charges for telegraphing; leaving a net balance of \$637.56, all of which had been forwarded to Dr. R. Ludlam, of Chicago, and its receipt acknowledged by Dr. A. E. Small, Chairman of the Relief Committee.

THE SECRETARY stated that a number of physicians who had been called on notified the committee that they had already subscribed to the general Philadelphia Relief Fund. Doubtless the amount raised by the committee would have been larger, but for this circumstance. On motion, the report was received, and ordered to be recorded.

The Scribe then presented his report as, follows:

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

VACCINATION AT THE BURD ORPHAN ASYLUM.—Out of fifty-two inmates and those connected with the institution, which I vaccinated with cow-pox virus, thirty-seven took, and out of those only six showed no marks of a primary vaccination. Most of them had the large, depressed vesicle, with the characteristic areola.

A NATURAL COW-POX VACCINATION CASE.—A married lady, now past fifty years of age, when about twelve years old, together with her sister, was in the habit of milking the cows on the farm, in the evening, while the men performed that duty in the morning. The two sisters had been out blackberrying, and had numerous briar scratches on their hands. The cows had sores on their udders, but they did not specially note the fact at the time. The hands of both sisters broke out in large sores, and were fearfully inflamed, while fever, pain in the arms, and under the axillæ, took place. The medical attendant was summoned, who, on looking at their hands, pronounced the sores to be vaccinations, and, on examination of the cows, discovered them to have kine-pox. The men, whose hands had no scratches on them, milked the cows with impunity, without getting the disease. I vaccinated her a few days ago with cow-pox virus. She has been vaccinated several times since, but has never taken.

NOTES ON VARIOLA.—Some medical men do not admit that vaccination has any influence in preventing or modifying the small-pox, and yet abundant evidence is on record to disprove their views. An instance or two we will mention: "During 1863, 1270 cases of small-pox occurred in Berlin; 223 deaths, or 17 per cent. The mortality in the vaccinated was 10 per cent.; in the unvaccinated, 42 per cent." "In 1863, no less

than 1537 patients (15 of whom were not suffering from small-pox) were admitted into the Small-pox Hospital, in London. The deaths amounted to 274, or 17 per cent. of the whole admissions. Of the whole number, 247 were unvaccinated; and 1273—no less than 83 per cent. of the admissions—vaccinated. The deaths amongst the unvaccinated averaged 47 per cent.; amongst the vaccinated, 9.9 per cent.” Instances are on record where institutions of learning, in which unvaccinated pupils have had the small-pox break out among them, and thorough vaccination of all those not affected with the disease, it has stopped its progress without another case occurring subsequent to the vaccination, even when all the others had never been previously vaccinated. So important is the subject of vaccination and revaccination, that we quite favor a compulsory law; but in recommending such measure we would have every vaccination performed with genuine cow-pox virus, and in order to secure for the medical profession throughout the country a reliable article of virus, the national government should appoint a bureau for the supplying of the pure cow-pox virus, and states and cities should have sub-bureaus formed immediately upon the appearance of small-pox within their borders, to look after the proper distribution of the virus as supplied by the national bureau.

The present form of the disease has assumed, as we intimated at the last meeting of the Society it was likely to do, a purpurul complication, or rather a typhous type of the disease in many cases, proving generally fatal in the cases thus attacked. The cases usually die with hemorrhage, either internal or by epistaxis, hæmoptysis, &c., the blood seeming to have become thoroughly changed, and seeming to have lost its proper constituents, so that it does not coagulate easily at the point of hemorrhage. As the cases are almost invariably fatal, it has been suggested to me by Dr. Neville, to use powerful stimulation, such as has been found extremely valuable in conjunction with the proper homœopathic remedy in the low types of typhus fever. The 95° or 98° alcohol would probably be the surest stimulant to use—a portion mixed with water, so that it can be swallowed, and the quantity administered according to the temperament of the patient and the violence of the attack.

During the war, Dr. A. N. McDowell reported 43 U. S. Hospital cases of small-pox, in which he allowed stimulants to be used freely with egg and milk diet, and in 36 of which he used no other medicine than the *Sarracenia purpurea*, or Pitcher plant. His mode of using it was to boil down a quart of water, to which one and a half ounces of leaves of this plant had been added, to a pint and a half, and of this he gave a wine-glassful every six hours, the remedy being commenced as soon as the eruption appeared; four deaths occurred, but the remainder had all the symptoms mitigated, while the crusts fell off, as he says, like bran, instead of scabbing, and a smooth surface was left underneath, and the usual pitting was obviated.

Surgeon Major Logie, of the English Royal Horse Guards, in 1863,

claims the same results of this remedy from using the root of the plant. He sliced it, and added to it a quart of water, and this was permitted to simmer down to a pint, and two tablespoonfuls of this decoction were given every four hours, and the patients kept nourished with beef-tea and arrowroot. This is the allopathic use of this drug.

Two provings of this drug have been made by T. Caton Duncan, M.D., editor of the *Medical Investigator*, and two also by C. Thomas, a member of the *Northwestern Provers' Association*, in both of which symptoms quite analogous to those of small-pox were produced, but without any eruption, however. Pains in all the bones, dull, heavy, sore feeling in all the bones, general malaise with fever, with a hot, dry feeling of the skin, were produced; also deep-seated pain in the back, heat in the right lumbar region, warm sensation passed up the back to the head, dryness of the throat, and a flushed feeling of the face, &c.

DISHONEST VACCINATION.—A physician, it appears, has been boasting that his vaccinations were produced with bread and water; the dark brown crust of bread no doubt furnishing the deceptive color in mixing it up for use. The condemnation of such an unprincipled man cannot be too great, and his practice does not fall short of criminality, for the deceived laity that may have fallen into his hands, considering themselves as vaccinated and secure, may expose themselves to danger which they would otherwise avoid.

REVACCINATION.—Some physicians do not approve of revaccination where the mark of the former vaccination is large, well-marked, and distinct. This is an incorrect idea on their part, as we have abundant evidence in a large number of cases during the last four weeks, in which persons took the vaccination as if it were a primary one, where the marks were all that could be desired as to size, and depth, and strawberry-pitted depressions, and also in cases where they had previously had small-pox, and also in cases that have had varioloid, and quite frequently in cases that have been "inoculated" in infancy.

METHYLENE AN UNSAFE ANÆSTHETIC—A fatal case is recorded in the *Radeliffe Infirmary*, Oxford, Eng., and noted by the *Boston Medical and Surgical Journal* as follows: "The patient, a married woman, aged 44, was about to undergo an operation for cancer of the breast. Bichloride of methylene was administered by the dispenser of the Infirmary, in the presence of the house surgeon and one of the surgeons on a flannel bag. After two or three convulsive gasps, the patient expired. The quantity administered was small. Artificial respiration was practiced, and other means of restoration, but without success."

CANDY IMPURITIES.—The *Boston Journal of Chemistry* for November has the following article respecting the coloring matter that enters into sugar candies: "Some months since, a great variety of candies sold in New York were analyzed by Dr. Endeman, Assistant Chemist to the Health Department of that city, and reported in the *American Chemist*. Reds were either carmine or aniline-red (both harmless). Blues were

either ultramarine or Prussian blue (also harmless). Yellows were either saffron, chromate of lime, chromate of baryta, chromate of lead, gamboge, or vegetable colors. Of ten samples five were colored with chromate of lead; and one with gamboge, both poisonous. Greens were harmless, so far as examined. Starch sugar is a common constituent of some kinds of candy, and starch is often substituted for gum arabic. In two cases gypsum was found, 3 and 6 per cent.; no other inorganic adulterations were detected."

PURIFYING HOSPITALS AND INFECTED ROOMS.—We glean from the *Boston Medical and Surgical Journal*, Oct. 26, 1871, in an editorial article, an ingenious method of purifying the air of hospital wards without removing the patients, by M. Rabot, a pharmacist of Versailles, France, by using oxygen, after the ordinary means of disinfection had failed to drive out hospital gangrene, which had appeared in some of the wards of the Versailles Hospital in 1868. We quote the remarks. "Every evening," he says, "a quantity of oxygen was generated in a large iron retort, and, by means of a rubber tube, was thrown into each ward in amount equal to a thousandth part the capacity of the ward. This amount seemed to us not too large for the respiratory organs of the patients. In the morning the wards were opened and aired as usual, whenever the temperature and state of the atmosphere allowed; then, after closing the windows, a second supply of oxygen was introduced. After each application of oxygen, a pinch of an odoriferous powder (cascarilla) was thrown on a hot shovel, with a view to its moral effect on the patients by rendering apparent to their senses a process which they could not comprehend. Moreover, at each extremity of the wards the following mixture was placed in a receptacle: peroxide of manganese, 500 grammes; solution of hypochlorite of lime, 5 kilogrammes. This caused a constant disengagement of oxygen. The following results were obtained. On the morning of the first day of the trial, the nurses, the employees, and the patients noticed a diminution of the odor which previously had rendered entrance to the wards very disagreeable. This improvement became more marked from day to day. A feeling of freshness had replaced the disagreeable sensation of vitiated air. From day to day the wounds became normal, free suppuration was established, and cicatrization advanced rapidly. The experiment, which was commenced on the 15th of February, was completed on the last day of the month, every ill symptom having disappeared.

"Gangrene again appeared two months later, and the trial of the same remedy was again made, with like success. The same result was also attained in another institution."

Dr. E. M. KELLOGG, of New York, who was present, was invited to take part in the discussions of the Society.

THE PRESIDENT then announced that the discussion would be on Small-pox.

Dr. H. N. GUERNSEY said that, in regard to the treatment of small-

pox, he was convinced that there is not, and cannot be any specific, and if it is to be properly treated it must be done homœopathically, according to the manifestations in each individual case, just as in all other diseases. It is the result of some morbid agent working in the system, just as in other forms of disease. He had had a large experience in the treatment of all forms of small-pox, and had been very successful, and he attributed his success to treating each case homœopathically and using highly potentized medicines. In *distinct small-pox*, he found the remedies most frequently indicated to be: *Mercurius*, *Rhus*, and *Tartar emetic*; being governed in his choice of these by the symptoms. Moist tongue, sore throat, and profuse salivation indicate *Mercurius*. Dry tongue, great restlessness, patient wants to get out of bed, erysipelatous appearance of eruption, and great swelling, indicate *Rhus*. Vomiting, eruption does not come out properly, thirst, with drinking little at a time, indicate *Tartar emetic*. Of course there are other symptoms to corroborate these indications. There are other medicines besides these. Quick movements, very sore throat, shuddering, indicate *Belladonna*. *Pulsatilla*, *Sulphur*, and *Thuja* are likewise indicated; the latter in mild cases. In black small-pox, *Arsenicum* is most frequently the remedy, its indications being, thirst like that of Tart. emet., but there is great anguish. *Carbo veg.*, *Lachesis*, and *Secale* are likewise useful, the latter when the patient does not wish to be covered. In *confluent small-pox*, when the patient is stupid, don't want anything, not even a drink, will answer questions, but won't talk otherwise, and don't take notice, *Phosphoric acid 2c* is the remedy. *Tartar emetic* is also useful in these cases when indicated. When there is delirium, the patient wants to throw the bed-clothing off, give *Hyoseyanus*. When the patient jumps up in bed, with symptoms otherwise like those indicating Hyos., give *Cicuta virosa*. In *hemorrhagic small-pox*, give *Ars.*, *Ipecac.*, and *Hamamelis*; the last named when the blood is dark. Never gives stimulants in any of these low forms of disease, small-pox, typhus, typhoid, &c., but feels satisfied that stimulants and beef-tea are very injurious. If the patients sink, give them the indicated medicine. Why do they sink? Because of the action of the morbid influence. Then give the remedy indicated by the condition. If brandy had been properly proven so that we knew just when to give it, we might use it. The downward course of the patient can be arrested by the homœopathic remedy in the 200th potency or higher. You may think this is all nonsense, but I know of what I am speaking.

Dr. E. M. KELLOGG asked Dr. Guernsey what nourishment he gave in these cases, since he discards beef-tea.

Dr. GUERNSEY.—Chiefly cold water, ice water, as much as the patient will drink; gruel, farinaceous food; vegetable soup, made of all kinds of vegetables boiled for a long time and strained. Has given this soup particularly when there is a sour, cadaveric breath. He likewise gives barley soup or barley water, and gum arabic water. Does not favor milk as an article of diet in disease, though in some cases it is permissible.

Does not allow ice cream. We sometimes find that children can't take milk, not even breast milk; they will throw it up, get colic, diarrhœa, or constipation. Give a dose of *Aethuysa cynapium* 2^c, and in a few days the child will take the milk without any trouble. He would remark, also, that in children who are slow about walking, won't put their feet under them, and don't hold their heads up, *Aethuysa* will correct all this, and in a week they will feel their feet and in a short time walk.

Dr. H. N. MARTIN.—It is curious to note how the statements made by physicians differ. One gives beef-tea and brandy, another beef-tea and milk, another farinaceous food, and another vegetable soup, and all report that their patients get along splendidly. This shows the uselessness of generalizing. There is probably no general diet. He allows his patients in these low cases all the ice cream they want. He sometimes finds that the ice cream lies cold in the stomach, but *Arsenicum* corrects that. It may be that beef-tea cannot be borne by some patients in consequence of the effect it produces on the heart.

Dr. PEMBERTON DUDLEY asked why a patient was able to assimilate a vegetable and not an animal soup. He had always been of the opinion that muscular fibre was as easily digested, to say the least, as vegetable fibre. What have we to induce us to believe that beef-tea is injurious to our patients? He had yet to see a case in which he could trace any injurious effects to beef-tea. He was unwilling to accept this assumption unless with the strongest proofs. Dr. Guernsey should be requested to furnish the results of close observations, if he has made any, so that we all may be able to tell when and how our patients are being injured by beef-tea.

Dr. GUERNSEY could only give his own experience. Out of a very large number of cases of low fevers, he had lost very few patients indeed. When called in consultation to these cases, he always tried to cut off at once brandy, beef-tea, washing with whiskey, and all these things, if they were being resorted to. He had been helped to his method of treatment many years ago, by reading *Rapou on Typhoid Fever*. He could not answer Dr. Dudley's question scientifically, but only according to his experience.

Dr. O. B. GAUSE. On the subject of nutriment in these cases, we must get into the physiological bearing of the thing. If we find that those organs are in the best condition which are calculated to digest and assimilate vegetable food, that should be given. If, on the contrary, we find in these cases that the organs calculated to assimilate animal food are in the best condition, that sort of food should be given. Physiology gives us some information on these points. If we find the liver not acting well, there will be difficulty in elaborating animal material. If we have reason to believe that the stomach contains a good supply of gastric juice, we may mix the diet. If there is little saliva, we may judge that the organs lower down than the mouth are in bad condition. If the lungs are involved, we should be careful how we give animal food, or we

may have the trouble with the heart mentioned by Dr. Martin. He would ask what experience members had had in revaccination from cow-pox virus, and from arm to arm. He had had the best success in virgin cases with Dr. Martin's (of Boston) cow-pox virus, and in revaccinations the best success with crusts from the arm. He would likewise ask how many cases of small-pox or varioloid had been seen by members, which occurred a short time after vaccination or revaccination. He had but one case in which revaccination had been performed a short time before the attack.

Dr. BUSHROD W. JAMES said that, in his *Notabilia*, under the heading, "Vaccinations at the Burd Orphan Asylum," would be found his answer to Dr. Gause's first query. He was one of the unfortunate many who used beef-tea in these low forms of disease, and yet his patients got well, and his proportion of mortality was not very great. In a recent epidemic of spotted fever, many physicians used diluted pure alcohol with the happiest effects. He found the stimulant good in getting up a temporary reaction, until medicines had time to act; for the disease killed quickly. He had much better success during that epidemic after he took to using the alcohol than before, and he had treated a great many cases.

Dr. KORNDORFER had had a number of cases of small-pox, and had used both vegetable diet and beef-tea. He had attended six unvaccinated children, ranging from one to seventeen years, in one family. At first he gave vegetable and farinaceous diet, and three died. He then resorted to a more strengthening diet, and allowed good beef-broth, and the balance got well. The children who died were aged respectively one, seven, and seventeen years. He had used *Thuja* with good results in a number of cases. Pains in upper arms, fingers, and hands, with fulness and soreness of throat, areola very marked and dark red, vesicle milky and flat, indicated *Thuja*; and after giving it the vesicles filled rapidly, and instead of a secondary fever coming on, there was an exudation through the vesicle, which dried, and the scabs fell off. He had made some experiments in regard to the disappearance of the sulphocyanogen elements from the saliva in small-pox, as suggested by Dr. Hering. During the first stage of the eruption, sulphocyanogen was lost from the saliva for a period, nor could he find any trace of it in the lymph of the vesicles. About the fourth day of the eruption it showed itself very decidedly in the pus of the vesicles; while from the eighth or ninth day, in all cases examined, there was a trace of it in the saliva, and by the twelfth day it had fully established itself therein, the patient doing well in other respects. Now if these results are unvarying, ought we not to think of the remedies called by Grauvogl the nutritive remedies; ought we not to be proving some of the sulphocyanides? In the experiments just mentioned, they had all been made in persons unvaccinated. He had used *Crotalus* in addition to the medicines mentioned by Dr. Guernsey, though without effect, although strongly indicated.

Dr. JOHN C. MORGAN said that two remedies which suggest themselves for the hemorrhagic form of small-pox have not been referred to, viz., Crocus and Sulphuric acid. He had had a case of small-pox within a few days, which repeats a point that he had previously observed, viz., that these cases sometimes commence like remittent and intermittent fevers. The case was that of an unvaccinated man, who had a chill, beginning in hands and feet, and followed by fever. By night he was better. The next day he had another paroxysm, of greater violence, and sent for him (Dr. M.). On calling, he found him with a bad headache, with violent thirst for large quantities of water. Gave Bryonia, 2c. On the next day he found him delirious; when he closed his eyes he began talking about the documents he had to write (this was his business), and on opening eyes the hallucination was gone. Gave Hyoscyamus, 2c, in water, every four hours. "To-day the variolous eruption has appeared, with relief of the symptoms. I gave Sacc. lactis, and ordered a teaspoonful of chlorinated lime to be mixed with water, in a saucer, to the consistence of cream, and a sort of brush to be made out of a piece of flannel, and the mixture to be applied to the face, to the points as they come out." [Dr. M. alluded to a case he mentioned at the last meeting of the Society, in which he had applied the chlorinated lime with the very best results, having been incited to do so by Dr. William Schmœle, of Philadelphia. He had not had as good results in other cases in which he had tried it, but was disposed to attribute that to the poor quality of the lime. In the case above he had procured a good article, and hoped to get the former good effect from its use.] In regard to the use of beef-tea, he had noticed in authorities lately, that it is only suitable when lateritious sediment appears in the urine; at that time it is not only tolerable but useful, and at other times injurious. Beef-tea seems to be most useful in allopathic practice, where tonics and stimulants are given. He would call the attention of the Society to the prepared wheat, in which gluten is the main constituent. He had had a case in which revaccination had been twice performed uneffectively, and the patient died of small-pox after five days' sickness. He was of the opinion that revaccination ought to be repeated again and again until it "takes."

Dr. E. M. KELLOGG agreed with this last view, that it ought to be repeated until it takes. He said that a physician of New York State had succeeded in vaccinating and revaccinating, in a number of cases in which the operation had been a failure, by making three or four applications at once.

Dr. K. then, by invitation, spoke at some length on the subject of Homœopathic Life Insurance, with special reference to *The Homœopathic Mutual Life Insurance Company, of New York*. He said that doubtless most of the members knew that the Hahnemann Life of Chicago had sold out to the Republic Life of Chicago, and by this act of its stockholders the New York Company was the only one in this country doing business upon a homœopathic basis. That company did not intend to

sell out to any other, and had recently declined a most tempting offer to do so. They were determined to demonstrate the truth of the proposition made by homœopathic life companies, that those who employed homœopathy as their medical practice could be insured at a less rate than those who employed allopathic practice. Two companies have already struck their colors, but the New York Company did not intend to strike theirs, and intended to adhere to their name, and be *the* homœopathic company. He had accepted the position he occupied in the company he represented because he thought he could do more for homœopathy in that way than in any other, and he thought that the interests of homœopathy were bound up with the success of an essentially homœopathic company. It might be taken for granted that everything that advanced the growth and welfare of our system of practice would be of the deepest interest to the profession, and yet the Hahnemann gives out as the chief reason for their selling out, *the apathy of the profession*. Now we ask for the active sympathy and cordial support of the profession. If every homœopathic physician in the United States was insured with us, that alone would place its success beyond a peradventure. It is the only company now working upon a homœopathic basis, and every member of the profession ought to be insured in it first, and then recommend it to his patients and friends, so that we can build it up into a large and prosperous institution. Think what additional prestige it would give to our system, if it could be said that the largest life insurance company in the country was the Homœopathic, or that it was one of the largest. It would indeed be a monument of which we could be proud. Homœopathic life insurance exerts a very powerful proselyting influence on the community. The name of our company calls attention to our system, and the practical argument used in its favor, when we guarantee to insure its patrons at lower rates than Allopaths, touches the pocket, and is sensibly felt in that sensitive spot. Every agent of our company is a colporteur for Homœopathy. The gentlemen who practice in a large city may not so much need such proselyting influence, but in the country it has a very decided effect. This has been marked in many cases. Many homœopathic physicians have found a large increase in their business after one of the agents of the Homœopathic Life has been canvassing his district, for persons send for him because they are induced to give homœopathy a trial on the strength of his financial arguments in its favor. Then, again, our company circulates gratuitously, all over the country, a large amount of homœopathic publications, putting before the public in a popular form, the advantages of our system of practice. This does an incalculable amount of good. In fact, there is every reason why homœopathic physicians should support with all their hearts homœopathic life insurance, and no reason why they should not, and I hope you will give us your cordial and earnest support in every way you can, and help us to make our company a grand success.

The Society then adjourned.

WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY WALLACE McGEORGE, M.D., SECRETARY.

THE West Jersey Homœopathic Medical Society met at the West Jersey Hotel, Camden, on Wednesday, August 16th, at 11 A.M.; the President, Walter Ward, M.D., occupying the chair.

Drs. J. H. Austin, A. Kirkpatrick, John Shivers, Pusey Wilson, Jacob Iszard, L. W. Brown, Walter Ward, and W. McGeorge were present; also Dr. Bowman H. Shivers, and Mr. G. Vanderveer (student). The season being sickly, many of the members were absent, and among them, some of the most regular in attendance.

Bowman H. Shivers, M.D., of Haddonfield, was proposed, reported on favorably by the Board of Censors, and unanimously elected a member.

Dr. J. H. Austin, Chairman of the Bureau of Surgery, read a carefully written paper on "Carbolic acid as a dressing for wounds." (See p. 226.)

Dr. Iszard asked whether it would be considered a good dressing in contused wounds.

Dr. Wilson said: My attention was first called to the use of carbolic acid by some articles in the August No. of "The Physician and Pharmaceutist" for 1868. No remarkable occasion for its use as an assistant in surgical cases presented itself until July 21st, 1870, when I was called to see C. M., who had been thrown from a loaded wagon, the wheels of which passed over the leg, producing a compound comminuted fracture of the tibia and fibula at the junction of the middle and lower thirds.

The bones were very much displaced and comminuted. One large fragment the width of the wheel, on the side upon which it struck, and breaking off at both ends to an edge on the opposite side, was completely displaced, being driven up the limb alongside the upper fragment, producing an open wound about three inches in length. The sharp end of upper fragment had been driven through the integuments, over the lower fragment, producing an open wound about two inches long. A number of small fragments of bone were also to be discovered in the wound, but all remaining attached more or less to the periosteum. The severe character of the injury made me doubtful, at first, as to the possibility of saving the leg, but after a more thorough examination concluded to try; constructed a splint by which extension and counter-extension could be maintained without covering the open wounds; adjusted the parts as nicely as possible, fastening them firmly by adhesive strips and rollers, and to the whole crushed and torn parts applied a compress saturated in a solution of carbolic acid (one grain to the ounce of water), mixed with an equal part of water, which was renewed as often as the compress dried. In a short time the open wounds completely healed without the formation of a particle of pus or the development of the fetor usually accompanying such sores in hot weather. The Doctor's remark about carbolic acid being such sure destruction to insect life reminds me of an incident occurring in this case. I was sent for in a great hurry one evening to

come at once as the sores were "full of maggots, and they were crawling all over the leg and among the dressings." I was astonished somewhat by such a report and hastened to verify the same. On reaching the patient, I found him in great mental distress, saying he could feel them crawling and eating in the sores, and "way down into my leg." I removed the dressings, and could find no "maggots." On a more thorough search, I found at his foot a feather pillow, wet and warm, from which thousands of the "maggots" were issuing. The sores healed kindly, and the fracture slowly consolidated without any untoward event occurring, and the man is now able to use his limb nearly as well as ever. I have frequently tried the carbolic acid in boils, carbuncles, and incipient abscesses, but never with the desired result of preventing or arresting the suppurative process, until after they had become an open sore, when it always arrests or materially lessens the suppuration and hastens healing. One case of syphilitic hypertrophy and induration of the glans penis and prepuce has come under my care to which I first applied a paste consisting of carbolic acid, one part; olive oil, three parts; whiting sufficient to make a soft paste. Covering the parts completely with this, the very offensive fetid exhalation from the parts was arrested immediately, but the difficulty of removing the paste without injuring the tender parts upon which it rested was so great that I substituted a compress saturated in a solution of the acid (two grains to the ounce), which in a few days had completely removed all the trouble, with the internal use of Merc. sol. 2c. For large, open or penetrating wounds, in either man or animals, nothing has proven so uniformly beneficial as a solution of the carbolic acid, either gently injected, or placed in the wound with a soft feather. It lessens suppuration, assists healthy granulation, and prevents the formation or development of larva. The discussion is upon the surgical uses of carbolic acid, but I will just say in this connection, that its therapeutic use (although unproven) is indicated to some extent by its powerful action as a disinfectant and its known effects in surgical use. In some cases of extremely offensive leucorrhœa, when the discharge is thick, yellow, and offensive, or thin, excoriating, and very offensive, the sixth decimal attenuation has succeeded in producing a rapid and apparently permanent cure. Also in cases of indigestion marked by an almost fecal odor to the breath, great quantities of very offensive flatus discharged either per oris or anus, torpid sluggish bowels, with feelings of lassitude and want of appetite, its action has been very favorable. I have used the attenuation mentioned only because I had no higher, but believe the higher would give equal, if not greater satisfaction.

Dr. Austin was very glad that Dr. Wilson's experience confirmed the view of his paper. He always uses it in these severe cases to prevent sloughing in comminuted fractures.

Dr. Brown used carbolic acid in burns with very good results, as it leaves no scar; also in cases of very acrid leucorrhœa as an enema; if used too strong, it causes watery discharges. Uses a solution of 10 drops of saturated solution to a quart of water.

Dr. Wilson used the acid successfully in a case where a horse had run a stake through his hoof. In carbuncles has not seen any good results in preventing supuration.

Dr. Brown don't think carbolic acid will have any effect in carbuncles when the skin is unbroken.

Dr. Shivers related a case where a man fell in a haymow, on a broken pitchfork, the tines sticking up in the hay, running into his anus, and considerable hemorrhage ensued. He used a solution of carbolic acid, 20 drops in 4 ounces of water, and applied to the wound on lint. It arrested the hemorrhage, and the man did well.

Dr. Kirkpatrick has used carbolic acid in diseases of the throat successfully.

Dr. Wilson finds it excellent in cancer to relieve the fetor and to ease the pain. As a styptic, however, he considers phenol sodique superior to carbolic acid, and to Monsel's solution, as it does not produce sloughing nor an eschar.

Dr. Brown has used it successfully to preserve bodies, and uses it as an embalming agent.

Dr. Iszard mentioned a case of a man who jumped from a car while it was in motion, and was considerably contused, who recovered and did well under carbolic acid.

Dr. Shivers finds it very serviceable in "scratches" of horses.

The discussion now reverting to Cancer, and its proper treatment,—

Dr. Wilson said he believed some cancers *were* curable, and that he had cured a case of mammary carcinoma with *Calcarea carbonica*, and with that exclusively. Uses *Arsenicum*, *Calcarea*, and *Conium* in this class of diseases.

Dr. McGeorge related a case of a young lady, æt. 24, who complained of a lump in left breast just above nipple, hard and fluctuating under the skin, but not compressible; darting, shooting pains in chest around the tumor which extends to and is felt most under the left axilla, and down the side; suffers most at night; great anguish; can't sleep comfortably; wants to get up and sit in a chair; pains a great deal every time she draws a long breath; tumor about the size of a walnut. Her mother had a cancer extirpated from her breast 15 years ago. Gave *Arsen.* 2c, one dose; *Sac. lac.*, morning and evening. Under this prescription she improved, but in five months the symptoms returning, gave her another dose, this time *Arsen.* 82^m, which worked equally well. In the interim, however, she received *Bell.*, *Sanguinaria*, *Spigelia*, for nervous sick headache, to which she was subject.

Dr. Ward mentioned a case of epilepsy he was treating, and asked for remedies.

Dr. Wilson suggested *Cicuta*.

Dr. McGeorge named *Stramonium*.

The Society then adjourned to meet at the same place, on Wednesday, Nov. 15, 1871.

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SEVEN NOTES ON HAHNEMANN AND HIS ABSURDITIES.

“Even the renowned and learned discoverer of the S. S. C., perhaps from his almost bitter hatred of anything appertaining to Old Physic, and his desire to get as far away from it as possible, permitted absurdities and empiricisms to creep in upon and overshadow this heaven-sent boon to the human race—homœopathy. This, however, happened only or chiefly in the latter part of his life.”

See “*Some Absurdities of Homœopathic Practitioners.*”—*American Observer*, p. 268.

It is there said: “*Hahnemann, whose name I can utter only with reverence and veneration.*”

Did Hahnemann ever say a word about such utterances of reverence and veneration? No, never! Hahnemann cared nought for such things, but he said: “*Machts nach!*” which is rightly translated: “*Try and do it, and heal the sick!*” This was the sole object of his life.

1. To call Hahnemann “*the renowned*” is cheap enough, but what does it amount to? With the majority of the world he is “*the notorious!*” In all historical works John Brown figures as “*the renowned* ;” a miscreant, an opium-eater, a scheme-catcher, with no capacity to think soundly, puffed in homœopathic books and papers even to this day ;

called the originator of ideas, given better long before by Stahl and by Haller. Who would care to be "*renowned*" in such a literature!

2. To call Hahnemann "*the learned*" is true enough, but what have we to do with his learning? Many men knew much more. It was not his learning that made him the man he was; it was his audacity to throw away all the learned trash of his age, and to become the founder of the true knowledge of drugs by his power of observation and by his indefatigable researches. It was not his learning that enabled him to give us the greatest master-work ever given to humanity, *his advice how to examine the sick*. It was not his learning, but his *aude sapere*, that made him the great discoverer; but the discoverer of what?

3. He was not the discoverer of the *Sim. Sim. Cur.*, a phrase already known at the time of Galen, who invented as a contradiction to it his absurd phrase—*Contraria contrariis*: the curse of the world for thousands of years. No, he simply proved it to be the loadstone, the compass; that is all. But by what did he prove it? By his real discovery, the greatest discovery of all ages—the *independence of quality from quantity*. He discovered that effects of drugs increase with the surface, not with the weight. He discovered that the *molecular action* is the action required to heal the sick: in short, *he insisted on small doses*, by which he is known even with the Japanese and Chinese, who talk about small doses as being nonsense there as much as it is talked about here!

The inventions of the telescope, of the microscope, and of the spectroscope, all three taken together, have not led to such discoveries as Hahnemann has made by his *aude sapere*, and the giving of smaller and smaller doses; until his discovery of what he called potentization, development of power, morbidic as well as curative.

The influence that the discovery of America has had, up to our time, on the development of the history of man-

kind, shaking the old and rotten framework of the middle ages to pieces—is similar to the influence the discovery of the molecular action of life will have on all sciences—shaking them until they crumble and fall to dust.

4. "*Hahnemann's almost bitter hatred of anything appertaining to Old Physic.*"

This is a most abominable slander of our good old master. All his life he was full of love to his brethren. He was a zealous man, but as mild as a child. Hatred never entered his heart.

When he wrote his biography, in 1791, at the request of a friend, Dr. Elwert, of Hildesheim, who commenced to publish a collection of biographies of physicians, &c., of Germany, living at the time, he had to mention why he left Leipzig before the usual time, where he began his studies. He says: "*I had to go to Vienna because there was no clinical institute in Leipzig; my love for the practice of medicine urged me to go there.*" During his stay in Vienna he lost his savings, which he had deposited with some one whom he trusted, and was again obliged to leave. I will not mention the name and the circumstances; repentance calls for forbearance. He was always inclined to reconciliation. After suffering continual persecution and slanders he said, even in later years, "*I have nothing against the physicians; they are my human brethren. All I have to say is against their non-art (Unkunst), and their maltreatment of sick people.*" There was no bitterness in the soul of this philanthropist, so full of love to his fellow-beings, until after a mean opposition sprang up among such as pretended to be his followers, but who spoiled and adulterated the beautiful healing art founded by him.

Providence allowed that he was persuaded to leave his ungrateful fatherland, and go as it were into exile. There he was carefully kept in ignorance of all that happened that could have embittered his mind or injured his soul!

5. "*To get as far away as possible.*"

This is one of the most shocking absurdities! As we

have plenty of historical documents, and know by printed books Hahnemann's views; and as we know his very first step, and every following one up to the last, we can prove, with certain and indisputable evidence, that Hahnemann never had any idea of becoming a reformer, never the slightest idea of separating from the adopted doctrines of the profession; but year after year he was driven, by experience and facts, from observation to observation, farther and farther away from the old school doctrines. He was always willing to acknowledge the errors he had fallen into himself, and said, "*With fear and trembling I went on my way.*"

He always had in view the one great object, *to heal the sick*. What he called, in 1791, in his biography, his "*love to the healing art,*" may be said of him throughout his whole lifetime. But, like the abominable slanders uttered by the profession against Hohenheim, Hahnemann's great predecessor, which have been kept alive for three hundred years, so it is with those uttered against Hahnemann: they are repeated and repeated until the vulgar finally say, "*There must be some truth in them!*"

6. "*Absurdities and empiricisms.*"

Absurd is what a deaf man says who does not hear what other people talk about. Here the word is used by a deaf man who could not understand what Hahnemann had been talking about.

Absurd is used philosophically only for that which is logically contradictory. It would be an easy thing to prove this from Hahnemann's writings if such absurdities could there be found. Why not give the proof? But not like Professor Patterson, of Philadelphia, who said: "*Hahnemann contradicts Euclid's axiom, 'the whole is greater than the part,' because he insists that parts are more than the whole;*" and his class laughed at this like a tavernful of voters at a pettifogger's jest.

Euclid speaks of nothing but quantity, and says, *it is!* Hahnemann never said, *it is*; but he found that *less acted*

more; of course, in the proper state of expansion, and in suitable cases. One of the meanest of gamblers' tricks is, to exchange one card for another. Philosophically, in debate, it is still meaner to change one idea for another, and smuggle one in that is entirely and essentially different.

"*Empiricism*" coupled with "*absurdities*," is here used in a meaning now for a long time out of fashion; at least with all the learned and better educated.

When Galen ruled, with his four elementary qualities, the black bile and the yellow bile, the phlegm and the blood, the sneering term of empiricism was used by the Galenists against all others: very like those doctors who style themselves regulars and us irregulars. Now, the term empiricism is never used by a well-informed physician except to denote *such knowledge as rests on experience*. See Fleming's *Vocabulary of Philosophy*, edited by Ch. P. Krauth, 2d ed., page 157.

7. "*This, however, was only or chiefly in the latter part of his life.*" A very delicate attempt to excuse the absurdities of the man by the infirmities of old age!

The latter portion of the life of a man who approached the age of ninety, would be properly called the last thirty years of his life, thus, that portion after sixty. At sixty years Hahnemann had his first student, and his whole *Materia Medica* was published during the next ten years.

During the same period, from his sixty-first to his seventy-third year, he was engaged in collecting the symptoms following suppressed itch, and in completing his discoveries of such medicines as corresponded to those cases. He published his great treasury of observations, his *Chronic Diseases*, when he was seventy-three years old. From this time until his death, during the last fifteen years of his life, he was interviewed by thousands, amongst the number the well-known authoress, Anna Cora Mowatt, and our distinguished Philadelphia physician, John Rhea Barton. No one ever observed the slightest infirmity of his mind.

As a boy, from five to ten years of age, Hahnemann received "*lessons in thinking*," from his father. As a young man he studied Lambert's *Organon*, the great mathematician's and philosopher's main work. He had the same religious faith all his life, and the same on his death-bed; he had the same philosophical principles from his first writing to his last. Every new edition he had carefully revised and improved. He was indefatigable in his explorations, and he always said, "*If you find it incredible, make the experiment, but carefully and strictly, and you will see the result.*" *His only aim was to teach us how to heal the sick.*

VARIOLA.

BY J. F. COOPER, M.D.

(Read before the Homoeopathic Medical Society of Alleghany County, Pennsylvania, September 18th, 1871.)

IN investigating the character and peculiarities of a disease occupying so prominent a position in the catalogue of diseases, it becomes almost impossible to write of it at all without saying something of its history.

Contagious in the highest degree, no country or clime where commerce or travel could carry it, has been exempt from its ravages. No condition in life or manner of living furnishes a bar to its progress, or prevents its development.

Its written history covers a period of more than thirteen centuries. The first record we have of it places its origin in Egypt. From its first appearing, it was nearly four centuries in traversing Asia, Africa, and Europe, and in making its way into the British isles. It was brought to America with the tide of western emigration (but then setting in) in the year 1527. And in America, as in the

old world, no class can claim exemption from this fearful scourge. The aboriginal inhabitant, as well as his white neighbor, becomes its victim. Few, if any, localities are exempt from the occasional visits of this much-dreaded malady. It runs itself out in one place but to appear in another.

The present epidemic among us commenced in the old Fifth Ward, Pittsburg, about the beginning of the present year. It seems to have originated with a young German who had but recently come to our city. It gradually spread to the German districts of the two cities and adjoining boroughs, and had to a considerable extent been carried to the country around, for quite a distance from the cities.

The symptoms presented in persons attacked by the present epidemic, differ but little, if any, from what has been seen in former epidemics in our city.

More or less chilliness, with dulness in the head, and a general languor, being usually the first symptoms complained of by patients attacked. The dulness of head in some cases is accompanied with dizziness. In many of the cases a restless and sleepless condition runs through all the early stages of the disease. The languor is followed up by, or accompanied with, more or less severe aching of the head, back, and extremities, and in a portion of the cases more or less nausea, and in some of the cases vomiting, are marked symptoms.

The aching of the back, in the cases I have seen in this epidemic, does not strike me as being so prominent and universal a symptom as I have in former epidemics observed it. But still, in many cases, it is quite severe. Usually the bowels, in the early stages of the disease, are little if any disturbed in such cases as I have seen. The aching and, usually at first, chilliness, then heat and chilliness commingled, with at times delirium, continue until the end of the third day, when, if the case develops properly, the eruption begins to show itself, at first in

small reddish-purple points, in the skin of the prominent parts of the face, then on the hands, arms, trunk, and lower extremities. The lower portion of the chest and abdomen are usually not so thickly studded with pustules. In the present epidemic an unusually large proportion of the cases assume a confluent form; and but comparatively few of the cases presenting the characteristics of *Variola Discreta*.

The pustules, from the time they first show themselves in the skin, need hardly be mistaken for any other eruption. The little points or stigmata, if examined carefully soon after making their appearance in the skin, present the little depression in the middle, which, in connection with the three days through which the patient has passed previous to the development of the eruption, and the character of the pains and aches, fever and chilliness, vertigo and sleeplessness, stamp with sufficient clearness on the mind of the practitioner the character of the disease with which he has been brought in contact, and with which he has to grapple.

As my time does not allow me to go fully into the details of the treatment of variola, you will, I trust, be satisfied by my naming some of the prominent remedies made use of in the different stages of the disease; hoping that by so doing I may be able to furnish you a text from which a full and free discussion may be had, that will bring out and make available all the experimental knowledge of the professional gentlemen now present.

In the first, or developing stage of the complaint, no remedy holds a more prominent position than *Bryonia*. I would say to you that *Macrotin* has, in a case or two, where used in the developing period, served me admirably. *Aconite* and *Belladonna*, particularly the latter, are valuable agents in controlling violence of the morbid symptoms in the eruptive stage. *Opium* at this stage of the ailment is occasionally called for. *Hyoseyanus* is also at times of service in the eruptive stage. *Coffea* may in

some cases allay the extreme restlessness, and give sleep and comfort to the patient.

In the second stage of the disease the above-named remedies may still be called for, and in addition Stramonium, Tart. emet., Arsen., and Lachesis are occasionally indicated.

In the stage of maturation of the pustules, Mercurius is almost a specific, but should not be given too soon.

If diarrhœa sets in, Chin. muriatic, or Secale, or perhaps Arsen., will be indicated.

In the stage of desiccation, Merc.^s, with possibly an occasional dose of Sulphur, will in most cases do all that is expected of medicine in the case.

CHEMICAL EXAMINATION OF URINE—QUALITATIVE AND QUANTITATIVE.

By MALCOLM MACFARLAN, M.D.

At the request of students and others, this working or brief practical method of examining the urine, compiled from late authorities, is published.

This test case has been in frequent use by myself and students for a year past, the formulæ verified, and the plan made so simple that any one can put it into practice.

The following is the necessary apparatus:

Test-tubes and filtering-rack; turmeric, blue and red litmus paper; urinometer; thermometer; alcohol lamp, tripod and wire gauze; glass tube, closed at one end, holding a cubic inch, graduated in decimal parts; small beaker, stirring rod and minim measure; glass graduated in ounces and parts; evaporating dish and wash-bottle; burette graduated in grains; pair of fine scales; funnel; filtering-paper and German yeast; reagents in one-ounce bottles; acetic acid; nitric acid; hydrochloric acid; nitroso-nitric acid; conc. sulphuric acid; aqua ammonia; strong alcohol; quicksilver; solution of sulphate of copper, 95 grs. to an ounce of water; solution of neutral tartrate of potassa, 378 grs. to an ounce of water; solution of caustic soda, specific gravity 1.12 (to make Fehling's test, take by volume 1 part solution of copper, 1 part solution potassa, and 4 parts soda solution); Labarraque's solution of

hypochlorite of soda; solution of chloride of barium, 6.1 grs. in ounce; solution of sesquichloride of iron, 1.55 grs. to ounce; solution of ferrocyanide of potassium, 2 grs. to ounce; solution made of an ounce of water containing $66\frac{2}{3}$ grs. of acetate of soda and $133\frac{1}{3}$ grs. of acetic acid; solution of nitrate of silver, 9.58 grs. to an ounce of water.

Quantity of urine should be taken into consideration. This is increased in cold weather, or when the action of the skin is diminished. The quantity is decreased in warm weather, or during perspiration generally; abundant after or during nervous excitement usually, in diabetes, &c. An important consideration in many forms of disease. The specimens for examination should be taken from morning urine; part of it should be allowed to stand some hours in order to collect and study the sediment.

Color is usually deepened in scanty urine and *vice versâ*, and when found in excess indicates the presence of abnormal constituents, as bile,—affected by diet and medicines.

Odor.—Characteristic odors are often present in certain kinds of fever of a typhoid type, and are diagnostic to those having experience in such matters. The odor varies generally with the proportion of solid matter: urine containing an excess of phosphates or uric acid is fetid; so is the urine of those who have eaten asparagus, resinous substances, or certain medicines.

Acidity of urine in excess is present with those who partake too much of animal food, and is favorable to the decomposition of the urates and deposition of uric acid, as in gouty rheumatism. Test with turmeric or blue litmus.

Alkalinity of urine is increased and may be produced by an exclusively vegetable diet, and is favorable to the deposition of the triple phosphates. In testing, when the red litmus shows alkaline reaction, dry it thoroughly. If the blue color remains, it is due to potassa or soda; if it disappears, it is due to ammonia.

Specific Gravity—Singularly enough, with a slight variation, the last two figures in the number taken from the urinometer, indicate in grains the solid constituents

in one fluid ounce of the urine examined. What is said in general of the value of a knowledge of urea, the principal ingredient of the urine, may be applied here in regard to specific gravity. All the elaborate works have long tables, giving the weight of a fluid ounce in grains of the different specific gravities. I have for myself found this to be an invariable rule: Take half of the specific gravity of any specimen, multiply it by 455.59, and divide by 500, which will give the correct answer in grains by weight, from which to calculate percentage.

Albumen—Qualitative Test.—The test is heat. Boil the specimen of acid reaction; if albuminous it becomes cloudy and precipitates. When it is alkaline, add acetic acid and boil. If turbidity is due to deposit of earthy phosphates, it is cleared up by adding nitric acid, which will alone coagulate the albumen. Heat hastens the process.

Quantitative Test.—To a measured quantity of urine, add a few drops of acetic acid; boil; throw the result on a previously weighed filter paper. When dry, weigh in grains, and calculate the quantity (by subtracting the weight of the filter) in an ounce of urine.

Sugar—Qualitative Test.—Boil two or three drachms of Fehling's test liquid, add the urine drop by drop from the burette. A rusty or brown precipitate and disappearance of the blue color indicates sugar, which does not occur if there is no precipitate.

Quantitative Test.—First method. Divide the urine in two portions, rub up a small piece of German yeast-cake in a mortar with one portion, and set away for a day in a warm place until fermentation ceases. The difference between the specific gravities of the two portions shows the amount of sugar in the fermented specimen.

Second method. As 200 grains by bulk of Fehling's test liquid neutralizes one grain of sugar, take a small proportion of this, dilute three times the bulk with water, boil, then add drop by drop from the burette, a measured

quantity of dilute urine, until the red precipitate ceases to be formed and blue color of the test is lost—showing the entire oxidation of the copper and completion of the test. If the urine has been taken from a very accurate glass graduated in parts of an ounce, and dropped from a burette graduated in grains, the amount of sugar may be easily and certainly calculated in an ounce of urine, the total quantity in the twenty-four hours, and percentage. Sugar occurs in diabetes and varies usually from four to twenty per cent. In this test as well as those that follow, the urine must be made free of albumen.

Sediment should now be carefully examined microscopically for tubular and other casts, crystals or morphological constituents, indicating when in abundance renal or cystic disease.

Bile—Qualitative Test.—Put half a drachm of urine in a porcelain evaporating dish, and add a drop of nitroso-nitric acid or lithic acid; if biliverdine be present, a succession of rainbow-like colors are seen attending the acid. For biliary acids and salts, Pettenkoffer adds a very little cane sugar in solution, then as much sulphuric acid as equals half the urine or suspected fluid. If they are present the color changes to a dark red or purplish-black. Found in jaundice and other diseases of the liver.

Urea—Quantitative Test.—Select a tube closed at one end, capable of holding at least one cubic inch, and graduated in decimal parts. Fill it one-third full of mercury, add a quarter of a drachm of urine, then fill quickly to the brim with a solution of hypochlorite of soda, close the mouth of the tube with the thumb, and invert the tube in a saturated solution of common salt. The mercury runs out, the hypochlorite remains at the top, when the urea is decomposed in a few hours. Multiply the decimal of a cubic inch of gas found by .645 and the result by 32, to get the amount in an ounce of urine. Each cubic inch of gas represents .645 of a grain of urea. Range is from 15 to 23 parts of urea in 1000 parts of

healthy urine. The percentage may be easily found by multiplying the number of grains of urea found in an ounce of urine by 100, and dividing this by the whole number of grains in the ounce of urine examined. The weight of an ounce of urine varies with its specific gravity; to find this, I have for myself discovered this rule: Take half of the specific gravity of any specimen of urine, multiply it by 455.59 and divide by 500, which will give you the correct answer. Urea is an excrement following excessive muscular action; in excess in albuminuria.

Chlorine—Quantitative Test.—250 grains of nitrate of silver solution neutralizes one grain of chlorine. Take half a drachm of urine, add a trace of pure nitric acid to keep phosphates in solution, dilute one-half, then slowly add, at intervals, drops from the burette of the silver solution until precipitation in urine ceases. When the test is complete, the number of grains of silver solution used will be the numerator of a fraction and 250 the denominator; which expresses the part of a grain of chlorides in the specimen of urine examined. The calculation for percentage and amount per ounce can be made the same as for urea. Chlorides and sulphates vary considerably, depend much upon the food taken, and are of not much value to the busy practitioner. Range from 3 to 8 parts in 1000 parts of normal urine.

Sulphuric Acid—Quantitative Test.—250 grains of the solution of chloride of barium neutralizes 1 grain of sulphuric acid. The test and calculation is precisely the same as that for chlorides, only substituting the chloride of barium solution for the nitrate of silver.

Phosphoric Acid—Qualitative Test.—250 grains of the sesquichloride of iron solution neutralizes 1 grain of phosphoric acid. Take half a drachm of urine, and add about eight drops of the solution of acetate of soda and acetic acid. Into this the iron solution is to be gradually dropped from the burette until precipitation ceases. This point is determined by taking, during the process, a drop

from the urine mixture and placing it upon a piece of filter-paper moistened with the solution of ferrocyanide of potassium. When a blue color is seen on the paper the iron is seen in excess, and the test is complete.

The number of grains of iron solution used is the numerator, and 250 the denominator of the fraction, which gives grains of phosphates in specimen used. Other calculations as for urea.

To determine the amount of earthy and alkaline phosphates, take two drachms of urine, and add a few drops of aqua ammonia, which precipitates the earthy phosphates. Filter and wash residue with dilute ammonia. Collect the whole filtrate, containing the alkaline phosphates, and test as above for amount of phosphates. This gives the alkaline phosphates, and by subtracting this from the whole amount of phosphates, as found above, it gives the amount of earthy phosphates. In 1000 parts of normal urine the range is from 4 to 9 parts.

Phosphates are generally present in excess in cerebral troubles or excitement, the odor of such urine being fetid, resembling the urine of one who has eaten asparagus.

Uric Acid—Quantitative Test.—Take one ounce of urine, filter (to remove mucus, &c.), and evaporate slowly, with mild heat, until it becomes thick. Then add a portion of strong or absolute alcohol, stir well, and decant upon a filter, previously weighed, dry, and now moistened with alcohol. Extract with alcohol in this way, and repeatedly decant until the alcohol is not colored. Then add one ounce dilute hydrochloric acid (1 to 6) to the residue in dish, throw the whole upon the filter, and wash thoroughly. The filter is now carefully dried and weighed. By subtracting from this result the previously known weight of filter-paper, the weight of uric acid, in one ounce of the urine, is determined.

One thousand parts of normal urine contain from 1 to 1.6 parts.

Uric acid in excess is found in the urine of those disposed to calculus, arthritis with gouty deposit, and often acute articular rheumatism. This in excess rather indicates a general disease, than diseased structure of the kidneys.

BRITISH HOMŒOPATHIC CONGRESS.

THROUGH the polite attention of Mr. Alfred C. Pope, one of the editors of the *Monthly Homœopathic Review*, we are enabled to lay before our readers a synopsis of the proceedings at the annual meeting of this most important body of medical men, which was held at Oxford, England, September 27th, last.

The Chair was occupied by Dr. Drysdale, of Liverpool, in the much-regretted absence of the President, Dr. Madden, who was prevented attending the meeting by severe illness. Quite a large number of members were present.

Dr. Drysdale called attention to the absence of the President, and stated that notwithstanding this regretted circumstance the Annual Address was ready, and would be read by Dr. Richard Hughes of Brighton. Dr. Hughes then read the address upon *The Relation of Therapeutics to Modern Physiology*. This address, which was listened to with profound attention, and which elicited much applause at its conclusion, was published in full in the October number of the *Monthly Homœopathic Review*. We have derived great pleasure and satisfaction from its perusal, and commend it to our readers as a model scientific paper on Homœopathy. We have not space for the entire paper, and it would be an injustice to its author to reproduce a part of it. A vote of thanks was tendered to Dr. Madden for his able communication, together with an expression of the sympathy of the members with him in his affliction.

Dr. Black then read a paper on *Dosology*. In this essay Dr. Black showed that Hahnemann's earliest teachings on the dose question were truly scientific, and in perfect harmony with physiology. He further maintained, while admitting that medicines do possess curative powers in very high dilutions, that for all practical purposes the third dilution was sufficiently attenuated. Such had been the result of his experience, and he invited all who were in

the habit of using high dilutions to repeat the experiments he had made. The reading of Dr. Black's paper was followed by a very interesting discussion on the *dose*.

Dr. Hayward thought that the best curative dose was one not much smaller than the pathogenetic dose. In practice he kept tolerably near the pathogenetic dose. After many experiments with different doses, he had arrived at the conclusion that this pathogenetic dose is one having a very wide range; that it differs with different medicines, different constitutions, different dilutions, and with the various symptoms producible by medicines. (Hear, hear.) For example, opium will produce morbid sleepiness or morbid sleeplessness, under different circumstances in very different doses. To produce morbid sleepiness, the matrix tincture must be given, while morbid sleeplessness will be the result of a higher attenuation. And so also with curative doses. We may make rapid cures of morbid sleepiness with matrix tincture and the 1st dilution; but it would be hard to *cure* morbid sleeplessness with so large a dose. We must resort to the higher dilutions, such as the 3d, the 6th, and the 12th.* He gave further illustrations from the actions of *nuxvomica* and *pulsatilla*.

Dr. Drury believed that the only way in which this question could be settled, was by each practitioner investigating it for himself; and by trying with various doses to ascertain which dilution is really the best. He wished that it were possible that at the London Homœopathic Hospital the action of the different dilutions could be watched and fairly tested. He wished that all could divest themselves of prejudice, and examine and find out which dilutions were the most efficacious. He still leant to the diluted medicines, and if he gave up, as many did, the theory of dynamization, he felt he should lose a great deal. Still he was quite willing, and he hoped that others were so, to go fairly into the question; and to test the relative value of the different dilutions. Let those, too, who used low dilutions experiment with the higher.

Dr Holland had practiced homœopathically for 33 years, and found that, as he had descended towards the 3d dilu-

* In the idiomatic parlance of American practitioners of Homœopathy, the 3d, 6th, and even the 12th dilution are called *low*, and the field of *high* potencies is not supposed to be entered on until at least the 30th is reached. — *Editor H. M.*

tion, his success had been greater than when using the 12th and 30th. He had assimilated his practice to that recommended by his friend Dr. Black, with much success. Only in a comparatively few instances could he remember seeing any greater results follow the use of the very high dilutions. Dr. Holland was far from denying that the higher dilutions were productive of curative results. He believed that a medicine selected homœopathically would cure in almost any dilution; but at the same time the nearer we approached that dose which would give rise to physiological action, without actually exciting it, the more rapid and effective would be its influence.

Dr. Nankivell adduced two cases illustrating the rapid curative action of drop doses of the 1st dilution of belladonna in quinsy.

Dr. Bayes said: We have to thank Dr. Black very much for bringing forward his proposition. No doubt it would amazingly simplify our art of prescribing, if we could accept it without curtailing the utility of our system of medicine. The real point at issue is, not whether low dilutions cure or high dilutions cure: both these points are conceded by Dr. Black, and we cannot settle the question by discussing them further. What we are asked by Dr. Black is, to abandon all dilutions higher than the 3d, because the medicinal preparations, from the crude drug to the 3d centesimal, practically contain within themselves all the curative powers which are to be found in medicinal drugs. Therefore the real question at issue is, "Do the preparations below the 3d really contain the whole curative powers of the drug, or is there any important class of cases which will remain uncured if we abandon the higher dilutions?"

With a view to getting at the experience of a large number of practitioners, Dr. Bayes sent out circulars to 269 physicians, asking questions relating to the dose question. To these he received 173 answers, of which he presented an abstract to the Congress, as follows:

From physicians who have practiced homœopathy for 30 years and upwards, I have received 15 answers; between 20 and 30 years, 56 answers; from 10 to 20 years, 53 answers; and from physicians who have practiced for less than 10 years, 48 answers. I have divided these into certain classes. Of the 173 who have sent replies, 9 practice as high dilutionists, and 5 of these have never given

low dilutions in their practice; therefore their experience is of comparatively little value in this discussion. 44 are exclusively low dilutionists, 30 of whom have never given high dilutions; therefore these 30 may fairly be put on one side, for their experience is of no comparative value. 103 give both low and high dilutions (by high I mean 30ths and upwards), and 17 of these from the low to the 12th. In bringing this evidence to bear upon the comparative value of low and high dilutions, we must exclude those whose practical experience does not extend to both. I therefore strike out 5 of the high dilutionists and 30 of the low. Of the remaining 138, I find that 124 are in the habit of giving dilutions above the 6th in certain cases. I have thought it better to take the 6th as the limit rather than the 3d, because a large number give up to the 6th. 14 only, after more or less examination into the curative power of higher dilutions, have abandoned them. This is strong general evidence in favor of the comparative curative value of the higher dilutions. The 124 who give the higher dilutions are divided into 17 who give up to the 12th, 52 who give up to the 30th, and 55 who go as high as the 200th, in certain cases and under certain conditions, and low dilutions under certain other cases and conditions. As it is my intention to publish a full analysis of the evidence afforded by the returns to which these figures refer, I will not do more here than state that the weight of evidence in favor of the utility of the higher dilutions does not rest simply on numbers, but that the physicians of greatest experience in point of professional age are the strongest supporters of the higher dilutions. Of 15 physicians whose practice extends over 30 years, 12 use the high dilutions more or less often; 37 do so out of 56, who have practiced for between 20 to 30 years; 35 out of 53 of between 10 and 20 years' standing; and 29 out of 48 who have practiced for less than 10 years. If to these I had added those who limit their upward scale to the 12th, the difference would appear more remarkable. If we reverse the tables, we find that the supporters of exclusively low dilutions number 3 out of 16 who have practiced for 30 years and upwards; 16 out of 56 who have practiced for over 20 years; 11 out of the 53 of between 10 and 20 years' standing, and 14 out of the 48 who have practiced for periods less than 10 years. It is not, then, the enthusiasm of youth, nor the dogmatism of age which alone

gives us the testimony which yields us evidence in favor of the practical utility of high dilutions, but a large majority of physicians in each decade. Such a weight of concurrent testimony ought to make us pause before we decide so momentous a question as that now before us, seeing that to insure the adoption of the proposal to limit our upward dose to even the 6th dilution, it would be needful to revolutionize the practice of five-sevenths of the practitioners of homœopathy. The value of the present inquiry depends not on the bare question of what number of men use one dilution or another, but on a consideration of the general laws which decide those who use all dilutions to choose the low in one case and the high in another. Dr. Bayes concluded by remarking, that the evidence in favor of giving high dilutions in chronic diseases appeared to be quite as strong as that which pointed to giving low dilutions in acute diseases; and he did not think that we ought to deny the evidence of those who testify to the efficacy of high dilutions, any more than we should do that which testifies to the value of low dilutions.

The question was further discussed by Drs. Moore, Gibbs Blake, Wilde, Dunn, Hughes, and Hale, but nothing differing essentially from the remarks of the gentlemen who preceded them, concerning the dose, was elicited.

The Chairman: The discussion, which has been extremely valuable, will now close with a few words from Dr. Black. His object has not been alluded to except by Dr. Hughes—it is that this difficult subject may be determined, as far as it can be, by experiment. His proposal is, that each person for a definite time shall confine himself to a definite scale. I hope that before another Congress, a number of persons will be able to give us similar experiences to those we have heard detailed to-day.

Dr. Black briefly replied. He said: The Chairman has embodied any remarks I might have had to make upon the discussion. I trust an examination will be made of the result of keeping the dose below the 3d dilution, as I have suggested. Formerly the risk of aggravation was the continual answer to such a proposal by the high dilutionists; but not a single member has mentioned that, so that is disposed of. From the discussion I gather that the question will be entertained in its pathological and scientific aspect, so that we shall not be continually altering our dose; and our literature will not show all the

variations between the mother tincture and the 2000th or more. We must come to nature and learn of her. We must boldly explain in what the teaching of Hahnemann was wrong; and put posology before the world in its true scientific position.

The Congress then adjourned for an hour. On the resumption of the sitting, the Chairman called for the report of the Hahnemann Publishing Society.

Dr. Hayward, Secretary of that Society, said that as much as possible was being done to complete the works taken in hand by the Society, that a good deal of *material* had been promised, and that new workers had been enlisted by the committee. He appealed to others to join either in arranging the *Hahnemann Materia Medica*, or in preparing the *Repertory*. Funds, too, he said, were urgently needed.

The arrangements for the Congress of 1872 came on next for discussion. York was selected as the place for holding the next meeting, and the first Wednesday in September, 1872, as the time. The following officers for the next Congress were then chosen: *President*, Dr. Black; *Vice-President*, Dr. Dunn; *Secretaries*, Dr. Gibbs Blake, of Birmingham, and Mr. Nankivell, of York; *Treasurer*, Mr. Fraser, of Hull; *Executive Committee*, Drs. Gibbs Blake, Dunn, and W. Craig, and Messrs. Fraser and Nankivell.

Dr. Moore then read his paper on *Uterine and Ovarian Disease*. This essay will be found in full in the November issue of the *Monthly Homœopathic Review*, and is very instructive.

Dr. Moore endeavored to show that in certain forms of both ovarian and uterine disease, purely medicinal treatment was adequate to its cure; while there were some cases of uterine disease in which topical or surgical treatment was essential in addition to that which was medicinal. He gave the particulars of several cases of ovarian disease, and of dysmenorrhœa; and concluded by drawing a series of practical inductions from his observations of cases of this kind during many years.

Dr. Yeldham thought that ovarian diseases were often very obscure both in their nature and origin. To ascertain the existence of enlargement in the earlier stages of the disease was especially difficult, inasmuch as until they had become sufficiently increased in size to be capable of

being touched *per vaginam*, we could only infer the presence of enlargement from the inflammatory symptoms which ordinarily attend the progressive enlargement of parenchymatous organs. The treatment of such cases should consist in rest, hip and other baths, and moral training. Great difficulties often arose from the disease being so closely associated with moral causes. As medicines, *aconite* and *belladonna* were our sheet anchors; while both *pulsatilla* and *sepia* often came in usefully. He doubted whether much could be done in neuralgia of the ovary; and thought that, independently of inflammation, it was a very rare disease. In dysmenorrhœa he had found *nux vomica* to have a wonderful power in preventing the violent spasmodic pains from which so many women suffer at the catamenial period. He usually gave a drop of the mother tincture once or twice a day.

Dr. Carfrae had seen much good from the use of *cannabis indica* in dysmenorrhœa. The original authority for its use advised it to be given in five-drop doses of the tincture; that he thought undesirably strong, and he generally used the 1st decimal dilution. In menorrhagia the medicine he generally relied upon and invariably used, was *sabina*—he generally did so with good results.

Dr. Holland said that with a very delicate touch in a highly sensitive patient he thought it possible that the earliest enlargement of the ovaries might be detected; and that by the pain the examination caused, but not otherwise. *Aconite*, he thought, was useful in combating the inflammatory symptoms, particularly at the commencement. Some cases of dysmenorrhœa, depending on the presence of a false membrane, he had known benefited by *collinsonia*—a medicine, for the knowledge of which, as well as for that of many others, we were much indebted to our American brethren. As regards ulceration of the os uteri, he disapproved of the application of caustic; and thought that all the advantages of a topical application could be obtained from an infusion of *calendula*, or of *hydrastis Canadensis*. *Cannabis sativa* has rendered him excellent service in many cases of dysmenorrhœa. *Hyoscyamus* and *Nux*, acting as they did on the spinal nerves influencing the uterus, might often be used with advantage.

Dr. Drury: I have never used caustic in such cases. I have great faith in *calendula* lotions in these cases, having seen much good result from them. *Hydrastis* is also ex-

tremely valuable. In leucorrhœa, *pulsatilla* is useful, but it must be used with care in the case of married women who are pregnant, as it is apt to produce miscarriage. *Kreosote* and *sepia* will often help in such cases. In cases of enlarged ovaries, the degree of success which will follow treatment depends much upon the cause of the enlargement. If it is only congestion and inflammation, we may get a reduction, and so cure; but if the hypertrophy is chronic and with interstitial deposits, there is little hope of a complete cure. Slight attacks of inflammation may be reduced as they arise, but their cure will not affect the general disease. All we can do is to keep the patient in a quiescent state, so that the disease may not advance and an operation become necessary. The medicines that Dr. Moore used will also be of service. Where, as in acute inflammation, there are cutting pains in the ovary, like knives, *sabadilla* in the 12th dilution has been tried with very much success. A separation of husband and wife is often desirable in these cases. But I am satisfied that if we use a homœopathic medicine, though it only relieves from pain, we do the patient good.

Dr. Hughes: My knowledge is rather theoretical than practical; and I would ask those who have any experience of this disease whether they have made any notes of the action of *belladonna*. It seems to be taken for granted that it is useful, but have we any evidence of its curative action. I have been struck with its extremely slight action upon the uterine and ovarian organs; in none, except where there has been a sense of bearing down, have I known it really utilized in practice. There is a sort of tetanus of the uterine neck which answers to the corresponding affection of the neck of the bladder and also of the sphincter of the anus, which is amenable to the action of *belladonna*. I should like to know whether *belladonna*, which is so useful in other inflammations, is useful in that of the ovary.

Dr. Drury: Extremely useful.

Dr. Moore, in reply, said that by homœopathy simple ulcers could be cured without local applications, but granular ulcers, deep-seated scrofulous or syphilitic ulcers could not be cured without caustic, according to his experience. He knew a case that, after twelve months' trial of medicine, had to be so treated. They did not resort to the surgical treatment until they were driven to

it. They tried *sepia*, *belladonna*, *calcareæ*, and *china*, with the greatest possible relief; but twelve months afterwards, on examining the sore, it was found not healed, although the patient thought she was so much better. That is a point upon which he had had clear and repeated evidence. In reply to Dr. Hughes, he stated that he had noted that the influence of *belladonna* in congestion of the os uteri was most marvellous. In three days the state of the patient had been completely altered. Pain felt in the region of the ovary on making deep pressure, was, he thought, a clear indication of a morbid state of the organ.

Dr. Gibbs Blake, Secretary, then read a communication to the Congress, from Dr. I. T. Talbot, of Boston, President of the *American Institute of Homœopathy*, being a greeting to our British brethren, on behalf of the Institute.

The Chairman said: I am only expressing the wishes of every one present when I say that we should instruct our Secretary to send to the President of the American Institute of Homœopathy a cordial letter of acknowledgment of the communication we have just heard.

This proposal of Dr. Drysdale's was received with much applause, and carried by acclamation.

(To be concluded.)

ZINGIBER IN DIARRHŒA.

BY L. HOOPES, M.D.

MR. N——, aged 18, tall and rather slender, and of fair complexion; strong and healthy.

On the 24th of August, 1871, went to Oil City, Pa., where he drank a great deal of water which was very impure and impregnated with coal oil. On the evening of the 25th felt badly and thought he was going to have diarrhœa; went to a doctor (allopath) who prescribed Ext. of Blackberry, which he continued to take for 24 hours. Early on the morning of the 26th diarrhœa set in, watery, at first copious, afterward scanty, with much flatulence and cutting pain in bowels, accompanied by

great depression of spirits and fear that something would happen to him before he got home; great weakness; entire loss of appetite; want of confidence in sphincter ani; evacuations four or five times in twenty-four hours.

On the evening of the 26th took half a glass of brandy, which did no good, and an hour or two later called on another physician and asked for "something to stop it immediately," saying that he was going home and must travel all night, whereupon the *mighty man of drugs* gave him a mixture called Cholera Specific, which tasted like Thompsonian No. 6, saying, "If that don't cure you, nothing will." This *omnipotent* mixture he continued till the afternoon of the 27th, when I was called. I discontinued the specific, and gave him one dose of Nux vom.²⁰⁰, followed by two doses of Sac. lac. at intervals of one hour, to antidote the effects of the mixture; I also left one powder (about 20 pellets, size No. 1) of Zingiber²⁰⁰, to be dissolved in half a glass of water, a teaspoonful to be taken every two hours after he had finished the Sac. lac., and requested him to report to me next morning. After taking the Nux, which he said relieved the flatulence, his faith in "sugar and water" left him, and he threw the medicine out and took another dose of the *omnipotent*, which had no effect but to burn him from mouth to stomach. On the morning of the 28th, at the earnest solicitations of his mother and sister, he came to my office to report that my medicine did no good, and that he was too skeptical to think that it would, and that he had taken another dose of the cholera mixture. I told him that he had become skeptical too soon, and had not taken the powder that was to cure the diarrhœa, but had thrown it out, and that if he would take it, I would give him some more, for it would certainly cure him. I gave two powders of Zing.²⁰⁰, to be dissolved in eight teaspoonfuls of water, a teaspoonful every two hours till relieved. The second dose effected a complete cure, and created in him the opinion that the virtue of drugs does not depend on the size of the dose.

My Zingiber is grafted, about fifty pellets, size 1 of Tafel's²⁶⁰ in $1\frac{1}{2}$ drachms of alcohol, from which I medicate pellets for use. I report this case both to show the efficiency of high potencies and to call the attention of the profession to this valuable though much-neglected remedy.

CLINICAL CASE.

BY E. A. FARRINGTON, M.D.

MRS. II.— had an easy labor of four hours. Boy weighed ten pounds, and seemed “all right.” But on the third day a tumor as large as a black walnut appeared on the right of the occipital bone. Examination showed it to be a sanguineous tumor. The *anterior* fontanelle was nearly closed, but the *posterior* was open and the tumor connected with it, showing a venous connection with the sinuses within. This condition of the fontanelles led me to prescribe *Calc. phos.*^{2c}. The tumor lessened, and then came to a standstill. The *anterior fontanelle opened more*, and the connection between the posterior and the tumor disappeared. No further advance was noticed, until *Sulph.*^{2c}, one dose, completed the cure. But now the occipital bone showed a depression the size of a silver quarter, previously concealed by the tumor. It looked as though a knuckle had indented the bone. *Calc. phos.*^{2c}, three doses, brought the bone to its proper rotundity.

THREE REMARKABLE CURES BY GRAPHITES.

BY DR. H. GOULLON, JR., OF WEIMAR.

(TRANSLATED BY S. LILIENTHAL, M.D.)

CASE I.—Miss S., 15 years, large and well built, suffers *every four weeks* from a severe headache at the right temple. The pain is lancinating. Flickering before the eyes precedes and follows it. Headache may last only one hour, or sometimes the whole day. It is followed by

general lassitude, deep sleep, and the redness and heat of the head give place to chilliness.

April 24th. *Sepia*⁶, 2 drops in 12 teaspoonfuls of water, a teaspoonful morning and evening.

After two weeks she reports, that the headache had not returned, but flickering before the eyes still exists, with the general lassitude. She also complains especially of *heaviness of the eyelids*, which leads me to Graphites (as it also cures Ptoxis), and although she is fully developed, she has not yet menstruated, and a certain degree of hoarseness may be laid to the chronic hypertrophy of the tonsils.

May 8th. Graphites, 2d trituration, 2 grains for six mornings.

May 15th. Feels entirely well. Two years have since passed without any return of the headache nor of the flickering.

CASE II.—Graphites shows similarity in many of its symptoms to Arsenicum, and like it, is frequent indicated in some forms of cardialgia and catarrh of the stomach, especially in women during their climacteric years.

W., 45 years old, complained the whole of last winter of a binding, constricting pain in different parts of the body, especially in the gastric region. She feels as if a lump laid in her stomach, with a constant beating, as of two hammers; great inclination to vomit; she constantly feels so tired that death would be a relief; she hates to be spoken to, hates to work, and feels indifferent to everybody and to everything. She feels constantly so chilly, as if the skin was tightened over her body; before the menses excessive anguish; obstinate constipation.

Graphites, 2d trituration, every morning a few grains, relieved the whole in less than two weeks, and her natural good humor and love of work has returned.

CASE III.—Mrs. L., full of spasms; lost her courses six months ago, and suffers since then from chronic catarrh of the stomach, with frequent eructations; she frequently feels faint, with partial loss of her senses.

Examination per vaginam shows the os uteri standing backwards, and can only be reached with difficulty.

Graphites 2d, as above. After taking the first dose, copious menstruation set in with relief to all the symptoms.

—*Schwabe's Zeitschrift für Homœopathy*, No. 8.

KEY-NOTES; OR, CHARACTERISTICS.

BY HENRY N. GUERNSEY, M.D.

(Continued from page 123.)

Cicuta Virosa.

WE are too apt to think of this remedy in connection with spasmodic diseases alone, but its mental symptoms are of frequent occurrence and of much importance.

It is indicated in *mental conditions* where suspicion or mistrust predominate; in fantastic illusions, attacks of madness, insensibility, anxious state of mind tending toward "moaning and howling."

Jerking of the head or throwing it backward, as the patient lies either conscious or unconscious.

In those states in which there is a momentary loss of sight; in catalepsy, when the limbs hang down and the patient appears lifeless.

Cicuta is also valuable in violent tonic *spasms*; each muscle being perfectly rigid.

Epilepsy, with violent contortions of the limbs, upper portion of the body and head, with bluish face, interrupted perspiration, and frothing at the mouth.

Puerperal convulsions, very violent and exhausting; after the respiration has been restored, the patient remains weak and insensible, as if dead.

Strictures following inflammations.

Pustules which run together, forming thick, yellow scabs, on the face and other parts of the body.

Worm fevers, in children, with colic and convulsions. Nervous fevers characterized by great stupidity.

Hemorrhages from the ears.

Toothache, faceache, or earache, caused by filling the teeth with gold.

Affections caused by getting splinters into the flesh.

Urinary disturbances arising from paralysis of the bladder. Itching of the lower part of the rectum.

Vivid *dreams* at night concerning the events of the day before. Very absent-minded.

When standing still there is a desire to hold on to something, because objects seem to approach and then to recede. *Vertigo*, so that there seems to be constant danger of falling, and the patient sometimes falls.

Stupefying frontal headache, increasing when at rest.

Facial pimples, burning when coming out, which finally run together, forming one scab.

Involuntarily and fixedly staring at one place, from which the attention cannot be attracted. The patient is unable to recognize familiar objects by staring at them; if the attention is distracted from this staring, it is only for a short time, it soon returns to the former object of gaze; there seems to be an irresistible desire to stare at one object.

The pupils of the *eyes* contract and dilate, alternately, at intervals of two or three hours.

Very great difficulty in swallowing; sometimes it is impossible.

Great hunger shortly after a meal; irresistible desire to eat coal. Waterbrash, a quantity of saliva flowing from the mouth with a sensation of heat all over. Vomiting, with lock-jaw, the latter not being relieved.

Throbbing in the pit of the *stomach*, with swelling of the same.

Pollutions without lascivious dreams.

Sensation in the chest and throat as though something of the size of a fist were lodged there.

Sensation of heaviness in the *arm* when raising it, accompanied by stitches in the shoulder, so violent that the patient must desist; he dare not move the fingers, even. This condition occurs more frequently in the left arm. Pimples on the hands, burning when first appearing, but finally blending and forming one dark-red scab. When walking, the child does not put his foot down flatly; the soles turn inward, and the walking is done with the outer edge of the foot.

Convulsions, with spasmodic contortions and fearful

jerking of the limbs; these convulsions are *very, very* violent.

Frequent waking, with profuse night-sweats, which seem to relieve.

Fondness for solitude; great disregard and dislike for the society of others.

This same influence causing these conditions may continue and result in the loss of speech.

(To be continued.)

PROTEST.

MY attention has of late been directed to a statement made on page 684, October, 1870, *British Journal of Homœopathy*, which more recently has been repeated in an advertising pamphlet of a few pretended cure-alls, called, "An Account of Count Mattei's Marvellous Medicines," published in London, 1871. The story therein told, page 12, of a telegraphing across the ocean, and curing a long, obstinate neuralgia by a single dose, is an absolute fiction, not even resting on the foundation of an altered fact. I not only never treated a patient through ocean telegraph, but during fifty years' experience I have never heard of a single case of long and obstinate neuralgia cured by a single dose of any remedy. There is also an absurd sneer added about the minimum dose; yet 2000, 200, 20, or 2, can make no essential difference with any mathematician, nor with any one acquainted with modern chemistry and molecular motion. Whether the other statements in this pamphlet are fictions or not I will not say, but one thing may be said: when we Germans relate one of our nursery stories for the amusement of older persons, we finish with the jocose words, "*Wer's nicht glaubt bezahlt einen Thaler!*" This, however, in the Count's account is completely reversed, for he who *believes* has to pay the dollar, and more than one.

The Count's directions where to get rid of the dollars have been most carefully given; the whole is an appeal to the credulous, to the ignorant, to the lazy, to all who like to make money without labor or brains, to all of lax morals and loose conscience, in short, to the gamblers in medicine.

C. HERING.

PUBLICATIONS RECEIVED.

PUBLICATIONS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY. From 1840 to 1861. Vol. I. Taunton: 1871.

In 1867, the Massachusetts Homœopathic Medical Society published a handsome volume of nearly six hundred pages, being an exhibit of the proceedings of the Society from 1861 to 1866 inclusive, and which was called Volume Two. The present volume, uniform with its predecessor, sets forth, as correctly as possible, the proceedings of the Association, from its formation in 1840, as the Massachusetts Homœopathic Fraternity, to 1860, inclusive. In this volume it is explained that the records and papers of the earlier meetings were not carefully preserved; but the

present indefatigable Secretary of the Society, Dr. E. U. Jones, of Taunton, has presented such material as could be obtained, and has added to the bulk and value of the volume by such papers as a "Sketch of Hahnemann," "Sketch of Hans. B. Gram," and the "Early History of Homœopathy in Massachusetts." Dr. Conrad Wesselhoeft has likewise contributed a valuable paper on the "Rise of Homœopathy and its Early History." Accounts are given of the various societies, dispensaries, pharmacies, &c., of Massachusetts. The Annual Addresses before the Society, by Daniel E. Holt, M.D., and Edward A. Wild, M.D., form a most interesting part of the book; reports of numerous cases of disease successfully treated by homœopathic medication fill upwards of seventy pages, and, in fact, the work is replete with matter of interest not only to the profession in Massachusetts, but as well to all homœopathic practitioners. Dr. Jones is deserving of great praise for his very satisfactory labors in behalf of homœopathic history, and for the very handsome manner in which he has conducted the first volume of these "Publications" through the press. It would be well if each state having a homœopathic history, were possessed of an historian so faithful, able, and painstaking.

HANDBOOK OF SKIN DISEASES. By Dr. Isidor Neumann. Translated from the Second German Edition, with Notes, by Lucius D. Bulkley, A.M., M.D. Illustrated with sixty-six woodcuts. New York: D. Appleton & Company, 549 & 551 Broadway, 1872, pp. 467.

It was very justly remarked by a distinguished author some time ago, that ophthalmology was nomenclature. However true this expression may have been at the time, it may be justly applied to dermatology at the present day. Skin diseases have been divided and subdivided, classified and catalogued by specialists, until confusion has resulted, to the great detriment of earnest general practitioners, whose sole object is to heal the lesions and lessen the sufferings of those unfortunates who are cursed with cuticular unsoundness. Wilson, of London, has fairly revelled in Greek and Latin roots, and, while displaying his erudition to the admiration of his followers, his very learning has detracted greatly from the utility of his large experience and keen powers of observation. The classification of Hebra, while cumbersome and often apparently inefficient, has still been made more with an object to usefulness than show, and is hence of greater value. But physicians in this country in general practice, are unable to appreciate all the niceties of classification of either Hebra or Wilson, from the fact that many forms of skin diseases, observed by these distinguished pathologists in their own country, are never met with here; while others are but rarely seen even by those who make of dermatology a special study.

To homœopathic practitioners, classification of skin diseases (and of all other forms of abnormality) is of great utility; as much so, indeed, as to their medical brethren of the old school; as, if properly appreciated, it forms the first step in that individualization which is so necessary to

the proper selection of the homœopathic remedy, and is, as it were, the chief key-note or characteristic of the given case. Whether practitioners of our school are as successful in the treatment of the worst forms of these diseases as are the specialists of the old school, is a question which remains at this day unsettled. We have no institutions of importance, specially devoted and adapted to the treatment of these lesions, and the reliable records from private practice are so meagre and unsatisfactory, that it is impossible to obtain sufficient data from which to form an opinion. A work on the homœopathic treatment of diseases of the skin is, therefore, a consummation most devoutly to be wished, provided such a work is based on large and reliable experience, and not merely culled from the theorizing and guesswork of preceding writers. And in these days of valuable monographs, we may confidently expect such a work to be presented ere long as a boon to the profession and to suffering humanity. The best treatises now extant in our school are those of Raut and Baehr, and the latter of these authors writes in such hopeless terms of the treatment of many forms of skin diseases, that it is rather discouraging than otherwise to consult the pages of his valuable work; though the gloomy view he takes of the results of treatment pursued by himself, may and no doubt does arise from the fact, that he entirely ignores the efficiency of high potencies, and uses and recommends the crude preparations alone.

Until then, such a work on skin diseases as is desirable for our school, comes from the hands of a practitioner of well-known probity and large experience, we must perforce, resort for classification and for description, to the works of authors of the old school of practice, who devote their entire time and attention to the study of dermatology, and whose experience is undeniably very great. We may fairly say, then, that we know of no work that will give greater satisfaction to those who consult its pages, than that of Dr. Isidor Neumann, now under consideration. Dr. Neumann was brought up in the school of Hebra, and was educated under the eye of that great master of dermatology, and while his work bears the impress of the teachings of the master, it exhibits, at the same time, an independence of thought on the part of the pupil, which has led him to make, and successfully too, efforts to simplify and render clear that which is complex and obscure in Hebra's work. It embraces, in compact form, and described in most lucid style, all the oldest and newest facts relating to the history, etiology, histology, and pathology of skin diseases. As for its therapeutics, with which we have little to do, it represents the most advanced treatment of the old school, with this exception, that the author places, as he says, "by far the greatest value upon external treatment." This will be objected to by all homœopathists, and by a large number of dermatologists of the allopathic ranks, but is in accord with the plan of Hebra and the Vienna School. His appreciation of the value of water, however, in the form of baths, douches, fomentations, &c., will find a ready indorsement from all who have had much to do with skin diseases.

The opening of the book is historical, in which is given, in chronological order, the various authors on skin diseases, from the imperfect biblical to the latest and most learned and exhaustive treatises. This is followed by a very full and plain—and we might say beautiful—description of the anatomy of the skin, including the embryonic development of the hair, illustrated by well-executed wood-cuts.

The classification of Neumann may be regarded as a simplification of that of Hebra, with the omission of certain classes and the association of some groups. Hebra has twelve classes, and Neumann but nine, which are as follows:

Class I. *Anomalies of Secretion*. Class II. *Inflammation* (subdivided into contagious, non-contagious, and traumatic). Class III. *Hæmorrhages*. Class IV. *Hypertrophies*. Class V. *Atrophies*. Class VI. *New Formations*. Class VII. *Anomalies of Pigmentation*. Class VIII. *Neuroses*. Class IX. *Parasites* (Animal and Vegetable).

Under Class II, Inflammations, is introduced the exanthematic fevers, including variola. Our author here follows Hebra in asserting that varicella is a mere modification of variola. Hebra placed his varicellous patients with those suffering from variola and varioloid, and declared that not one took small-pox. Such English writers as Wilson, Tilbury Fox, Aitken, and Watson do not believe this theory of Hebra's, and it is likewise denied by many French and some German writers. Neumann also agrees with Hebra in stating that no means can be *depended upon* for preventing pitting from variola. A short article on vaccination is introduced, in which the writer declares against the inoculation of syphilis by vaccination, and states that it has never occurred in his experience. A very interesting and valuable note on vaccination has been supplied, at the request of the translator, by Frank P. Foster, M.D., House Physician to the New York Dispensary. Scarlet fever is likewise treated of at considerable length in this class. Of the prophylactic power of belladonna he expresses great doubt, merely mentioning it as "in great repute among the homœopathists." From this opinion he will find many to dissent in his own school, amongst those who have clearly seen the protective power of that drug.

Want of space prevents a further exposition of this work. It must suffice to say that, while it would be a matter of no difficulty to find fault with it, yet, as a whole, it will be found to be a valuable and reliable handy-book of reference in diseases of the skin. The meagreness and generalization of the author's therapeutical references, while showing his want of confidence in his resources perhaps, are no drawback to the value of his work in our eyes. And while the translator, who has done his work well, has attempted to supply the deficiencies of the author, in running therapeutical notes, he has failed to impress us with the belief that he has more confidence in treatment than Neumann has.

The book, which is well bound, and handsomely printed with clear type on fine white paper, is on sale by Claxton, Remsen & Haffelfinger, Philadelphia, as well as by the publisher.

THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST. By Robert Faulkner, M.D. With a Repertory, by W. James Blakely, M.D. Boericke & Tafel, Publishers.

A visiting list which shall give satisfaction to every one is an impossibility, but we are of the opinion that Drs. Faulkner and Blakely, and the publishers, have gotten up one that will please a very large majority of practitioners. It has been arranged, in the first place, with the view of affording a book much less cumbersome than those at present in use, and yet containing every thing necessary in such a work; which has been accomplished by increasing the length of the book, and by the omission of everything unnecessary; and secondly, to afford in compact and easily accessible form, an abridged Repertory, or refresher of the memory at the bedside. The following is the Table of Contents: Table of Signs; Preface; Calendars for 1872-73; Obstetric Calendar; Poisons and their Antidotes; Ready Method in Asphyxia; Table of Pulse; Repertory (32 pp.); General Memoranda; Vaccination Record; Record of Deaths; Names and Addresses of Nurses; ditto of Friends; Obstetric Record; Daily Engagements (there being a page for every week in the year, and each page representing forty patients). We have no doubt but that this little book will give as much satisfaction to others as it has to us. Dr. Blakely has done his part well in the arrangement of the Repertory. We would suggest a saving of space by a change of type, by means of which the Repertory might be made much more complete without increased bulk. The work is substantially bound in flexible cover, with pocket and pencil. On sale at all homœopathic pharmacies.

EDITORIAL NOTES.

MEDICAL INTOLERANCE IN MASSACHUSETTS.—The following is a copy of a circular sent to leading homœopathic physicians of Massachusetts, who are members of the old Massachusetts Medical Society:

NORTHAMPTON, MASS., Nov. 4th, 1871.

To _____, M.D.

SIR: Charges having been preferred against you by a Committee of the Massachusetts Medical Society of "conduct unbecoming and unworthy an honorable physician and member of this Society," to wit: "by practicing or professing to practice according to an exclusive theory or dogma, and by belonging to a Society whose purpose is at variance with the principles of, and tends to disorganize, the Massachusetts Medical Society."

You are hereby directed to appear before a Board of Trial at the Society's Rooms, No. 26 Temple Place, *Perkins Building*, on Tuesday, November 21, 1871, at 11 o'clock, A.M., to answer to the same, in accordance with by-laws and instructions of the Society.

SAMUEL A. FISK,

President of the Massachusetts Medical Society.

The meaning of this is that the allopathic members of the Society are going to try to expel their fellows of homœopathic proclivities

They were driven to the noble work by the lash of the American Medical Association, applied in the form of a resolution not to receive the delegates of the Massachusetts Medical Society until that body had "purged itself" of its "irregular" members. We await with some anxiety the result of this attempt, fearing that, should the "exclusive theory or dogma" gentlemen be expelled, the date of their expulsion would mark the commencement of that thirty years which, according to the poet-prophet of the Massachusetts Medical Society, is to witness the decline and extinction of homœopathy. We have some recollection of an attempt made by the Massachusetts Medical Society to get rid of one homœopathist on a previous occasion, which proved successful after the expenditure of much time, trouble, and money. If the time, trouble, and money wasted on that occasion is to be multiplied in this present attempt by the number of gentlemen to be excluded, the allopathic members of the Society may get sick of the job before they get through with it. They appear to be in some doubt as to whether homœopathy is a theory or a dogma, but they are quite positive that it is exclusive. It might be argued from this, inasmuch as they reprobate practicing according to a "theory or dogma," that they have neither the one nor the other in their practice, but it cannot be claimed that they are not *exclusive*.

A reporter of the *Boston Post* has "interviewed" prominent homœopathic and allopathic members of the Society. From a copy of that paper of November 11th, we extract the following, as the result of the cross-examination of Dr. I. T. Talbot, which will give our readers a fair view of the situation :

"The Massachusetts Medical Society was established for the purpose of distinguishing, as its charter says, between properly educated physicians and those persons who ignorantly and wickedly administer medicine. That is its basis. It was designed to include every educated physician in the State. Its members were exempted from jury and military duty, and were known in law as *the* physicians of the State. Their diploma is a guaranty that they have been properly educated. Persons received into the Society have no way of getting out except by relinquishing practice, moving from the State, or committing some crime against the laws of the land, under which they can be expelled. By the charter and by-laws every member is entitled to perfect freedom of opinion. Now, there has come up this difference in opinion on the administration of medicine, and a class have administered in accordance with the homœopathic system. They attempted in 1851 to expel these members, and did expel one really because he was a homœopathist, but finding they could not do it legally, they shifted it upon 'dishonorable conduct' towards another physician. They had so much trouble with that case that the wiser counsels prevailed, and they said, 'We won't disturb them.' Twenty years have elapsed, and the homœopathists have increased in numbers, and they say, 'It is a standing reproach that they are members of the Society.' Goaded on by a few persons who are violent radicals, they have been placed in this position and feel that they must take action. The American Medical Association passed a vote that it would not receive its delegates until it had purged itself of its unworthy members. Although the leading ones object and say it cannot be done legally, they, in October, 1870, passed a vote to expel all homœopaths, but by their by-laws it was entirely inert and amounted to nothing. Then they passed

a resolution that any one who should practice homœopathy should be deemed guilty of conduct unbecoming and unworthy an honorable physician. They also changed the by-laws so that instead of a case coming before the Society it should come before a Board of Trial of five members, which Board shall pass sentence, from which there is no appeal. For the last fifteen years they have not allowed any one to become a member if they knew he was doubtful. There is nothing in the by-laws to allow any one to resign for a change of medical opinion."

From the same paper we note that "one of the oldest and most esteemed practitioners of the allopathic system in the State," said to the reporter, amongst other things: "Only a short time ago, a homœopathist was here from Philadelphia, and he himself said there were only three honest practitioners of that system in the country, and he was one of them." Do let us know who this honest Philadelphian is, that he may be given the front seat!

Thus far we had written for our December number, but friend Talbot showered upon us the latest intelligence from the seat of war, and we thought it best to await the *denouement*, and then report to our readers in full.

The day of "trial" arrived, and on the morning of November 21st, the homœopathic accused were ready to face their accusers, and assembled at No. 36 Temple Place, in good spirits. They were prepared to meet with as much consideration as could be expected from judges constituted on the Star Chamber principle; but they were somewhat surprised to find that their "trial" was to be conducted on the old-fashioned "inquisition" plan, by which men were racked and burned, and nobody the wiser. Everybody was to be excluded except the High Commission and the culprit disciples of Hahnemann, and no daring reporter was to be allowed to profane the sacred temple of justice by taking any tale-telling notes. This in the glorious commonwealth of Massachusetts, in the year 1871. What happened at the "trial," is so well told by *The Universalist* of December 2d, that we transfer a portion of its article *verbatim*.

"The *fiasco* of Tuesday, Nov. 21st, then, was probably a fortunate result for the prosecutors, or persecutors, whichever we may call them. But the reporters lost a rich scene. A *coup de theatre* could hardly have been got up much better. Dr. Parks had informed the culprits, that tender of their resignation then and there should receive magnanimous consideration from the Board of Commissioners, and pledged his word of honor that their indictments should be quashed. Dr. Talbot had presented a protest against going to trial without charges and specifications; the Board of Trial would not receive it. He presented a denial that homœopathy was hostile to the Society; the board would not receive the paper. 'Then,' says Dr. Talbot, 'I must beg leave to present to the board certain other papers, to which I would ask their respectful consideration.'

"Then, lo! as if at the signal of the prompter, in stalks a stranger. The spry Secretary steps up to him, and asks if he is a member of the Society, and if not that he take himself off, or be put out. The intruder demurs, and the official calls out to the President of the Board to know whether he shall be put out by force. 'Certainly,' says the aged presi-

dent. Then it occurs to one of the prosecuting committee to inquire the name of the wilful man. It is John B. Dearborn, deputy sheriff!

"Here the scene wants its Bohemian; it shares the fate of the great deeds before those of Achilles, that had no Homer to recite them.

"The 'papers' to which Dr. Talbot was asking their respectful consideration were copies of an injunction, which deprived them of the power to expel. Mr. Dearborn declined their invitation to interview them in a side-room; he served his subpoenas before all the company, who thought that this was not the entertainment to which they had invited themselves.

"With a tenacity that reminds one of the bite of a decapitated turtle, they still proceeded to try men now, to expel them when they could. Would they be so kind as to be tried together? No; they did not choose to make all their necks into one in order to be economical of halters.

"Dr. West asked to be tried first, as he was ready. Dr. Bushnell asked *not* to be tried first, as he was *not* ready. So they proceeded to try Dr. Bushnell. Paddy thought the squirrel had the best end of the gun; the Board soon concluded that Dr. Bushnell needed more time. So, after sitting only four hours, and making a beginning of their fifty odd cases, the Board took a much-needed recess of a fortnight, to recommence on Tuesday, Dec. 5th, at 11 o'clock, A.M."

December 5th was not long in coming round, and on that day "the Court" reassembled, to go on with the "trial." Dr. Talbot had made every effort at the previous examination, and afterwards, to get the "Commission" to give the accused copies of the specific charges that were to be brought against them, but was met with evasive replies at every point; yet, notwithstanding this, the homœopaths were ready to meet anything that might be brought against them. The injunction served on the "Commission" at the first proceedings, merely restrained any action which would tend to deprive the accused of the rights of membership in the Society, before the Court had an opportunity to adjudicate on the rights of the question whether the entire proceedings of the Massachusetts Medical Society were not unlawful, but did not, according to the interpretation put upon it by the "High Commission," prevent them from continuing the examination. It was, therefore, naturally expected that the "trial" would be proceeded with at once. But the "High Commission" thought otherwise now, and having "marched up the hill," again imitated the monarch of illustrious memory, and "marched down again." They notified the accused that they would await the decision of the Supreme Court, and postponed the "trial" until April 4, 1872, at which time a further adjournment will probably take place, unless the suit in the Supreme Court shall in the meantime have been decided. This done, the "High Commission" ignominiously retreated, amidst cries of "Shame!" "Cowardly!" from the indignant homœopaths.

The newspapers of Massachusetts, and in fact of the country at large, have been unanimous in their condemnation of this discreditable action of the allopathic majority of the Massachusetts Medical Society, and have held up the silly attempt to well-deserved ridicule. The *Boston Times*, of November 25, publishes a *cartoon* representing an allopathic champion being kicked over by the recoil of his own blunderbuss, while

he is being peppered at the same time from the well-Aimed revolver of the intrepid homœopath (is it the amiable Talbot, or the fiery Thayer?), with the Persian proverb, "*Ebo lishpe oplesh ould notmed dlew ithshoo tingst icks.*"

We have devoted considerable space to the report of this grand allopathic *fiasco*, with the belief that our readers will be interested and amused by its perusal. But we trust they will not stop with this, nor fail to draw from it a deep lesson of wisdom, to be carefully garnered and preserved against that coming day of great prosperity and power, when *we* may be prompted to give ourselves up to the foolishness of bigotry and the abomination of intolerance.

THE ALBANY CITY DISPENSARY.—This institution is properly termed "a noble charity," and is highly appreciated by the good people of Albany, N. Y., for the excellence of its management, and the skilful medical and surgical treatment it affords. The Fourth Annual Report of the Dispensary has been kindly furnished us by Dr. Horace M. Paine, of Albany, who gives his valuable services as one of the attending physicians. From the tabulated lists of the Residents, Drs. F. W. Thomas and D. B. Bellan, we gather the following summary:

The number of different cases treated, is 2941; the number of visits at residences, 3709; prescriptions at dispensary, 8117; visits and prescriptions, 11,886. The number of visits at residences averages 309 per month, and the number of visits and prescriptions nearly 1000 per month. The report shows an increase in the number of cases and prescriptions of nearly fifty per cent. over the number presented last year. The Attending Surgeon, Dr. H. G. Preston, reports 1935 prescriptions to 335 patients, in his department. A number of operations were performed.

The success this institution has achieved in its short career has at last brought forth the venom of some ill-advised detractor. An evidently sore-headed individual, over the signature of "*Medicus*," writes to one of the Albany papers to the effect that the report issued by the Board of Managers of the Dispensary is garbled and incorrect, and hints that its tabulated lists are "thinly scattered to make up a show." The basis of the charge made by *Medicus* is, that two charitable institutions of Albany (under allopathic control), one of which is entitled an hospital, do not together do as much business in the medical or surgical line as this homœopathic dispensary represents itself to have done during the past year, and hence its report is garbled, &c. Q. E. D. Drs. Paine and Preston summarily disposed of the quibbles of *Medicus*, and then decline to have further to do with him, unless he reveals his name.

We may mention in this connection, that it is not creditable to this great city of Philadelphia that it does not possess a large general homœopathic dispensary for the poor, supported by gifts from the charitable. We trust that ere long such an establishment will be instituted and placed on a secure basis, both for the benefit of the poor and for the advantage of homœopathy.

PENNSYLVANIA HOMŒOPATHIC MEDICAL SOCIETY.—From the interest that is being taken by the physicians of Pennsylvania, in the forthcoming meeting of the State Medical Society, the officers of the Society anticipate a largely attended and profitable meeting. The Society seemed to take a “new departure” at the meeting held last year in Harrisburg, and the pleasant and profitable session then and there held, filled the members with hopeful anticipation for the future of the Society, which, it would appear, are to be realized. It is hoped that all physicians of the state who are members, will attend the forthcoming meeting, if possible; and that those who are not yet members and who are eligible will make application in person. It is to be borne in mind that the presentation of reports and papers is not to be restricted to those who are members of bureaus, but any member of the Society can present his paper through its appropriate department. Reports and papers, and applications for membership, of those who find themselves unable to be present, will receive proper attention if directed to the Recording Secretary, Dr. Bushrod W. James, 1821 Green Street, Philadelphia, or to the editor of this journal, who is Corresponding Secretary.

TO OUR SUBSCRIBERS.—Those who subscribe for a medical journal are, as it were, stockholders; deriving their dividends from its contents, in the shape of valuable information conveyed through its pages. Hence they are naturally interested in its welfare and success, and are desirous of securing as much for their money as possible. We are of the opinion that the subscribers of the *Hahnemannian Monthly* have always received the “worth of their money;” but we are able to speak positively upon this point in relation to the past two and the current volumes of that periodical. In fact it is not necessary to make this declaration, for the journal speaks for itself, and its presentation of good things medical offer an ample return for the amount of the subscription. While this is true of the past, the prospects are still brighter for the future. The publishers of homœopathic journals always suffer loss, and their editors do not look for, and do not receive remuneration; but a rapidly increasing subscription list, and the encomiums and expressions of thanks of subscribers, are fruitful sources of encouragement; and these are the portion of the publishers and editor of the *Hahnemannian Monthly*. One of the surest indications of the popularity of our journal is, the abundance of excellent “copy” with which we are kept constantly supplied. To those who so kindly contributed to our columns, and to all others, we would say: 1. Avoid verbosity, but at the same time let language be sufficiently copious to express *exactly* what you wish to say. The modern method of writing “short” is too often a labored attempt to save valueless space at the expense of valuable information; and is oftener ridiculous than precise. 2. Write all words out in full, as it saves time and trouble to the editor, and may prevent the rejection of your MSS. 3. Do not write carelessly, and then request the editor to “correct all mistakes.” You have more time for correcting errors than he has. Be sure of this, that such communications sent to this journal will not be published unless *very* valuable. 4. Write

on one side of the paper only, and you will thereby avoid the responsibility of inciting compositors to commit sin. Sincerely wishing that the New Year upon which we have just entered may prove a prosperous and exceedingly happy one for all our subscribers, and for our brother editors and their journals, we commend our journal to their kindest offices, and ask for it their best wishes, with the promise that on our part we will be faithful to the important trust committed to its editor.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. MCCLATCHEY, M.D., SECRETARY.

THE December meeting of the Society was held on the 14th ult. The President, Dr. Jacob Jeanes, in the chair. But few members were present. The minutes of the November meeting were read and approved.

THE SECRETARY read a letter from Prof. A. E. Small, of Chicago, being an acknowledgment in full of all money sent to Chicago by the Society. The Secretary submitted this as the final report of the Committee on Collecting for Chicago. On motion, the report was received and the committee discharged.

Dr. BUSHROD W. JAMES, Scribe, then submitted his monthly report, as follows:

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

INGENIOUS FORM OF CATHETER.—The great difficulty often met with in introducing the male catheter, is no doubt the cause of so many different forms of the instrument being invented. Here is one with a flexible end, by which it is enabled to adapt itself to any urethral deflexions. It consists of a straight cylindrical piece of silver, about ten inches long, corresponding to a cut off non-curving catheter. Through this tube passes a wire, which is held by a screw at the lower end, passing through a loop in the wire. The other end of this wire is made up of a series of joints somewhat like a chain, and on the last or uppermost link is fastened a permanent smooth rounded cap, and below this cap there are a number of short cylindrical pieces, corresponding in calibre to the diameter of the catheter, slipped over the jointed part of the wire, making, when they are slipped on and the wire put through the main stem and fastened, a series of short joints, movable in every lateral direction. Thus the main stem of the instrument is firm, and the upper two inches are flexible without the joints being able to injure the canal.

PELVIC MOVEMENT AVOIDED IN A NEW SEWING MACHINE TREADLE.—Medical men are well aware of the great injury females inflict upon their spines and the pelvic viscera by constantly operating on the sewing machine that works by the ordinary crank-treadle movement, because the whole lower limb is kept in motion, while the pelvis itself partakes more or less of the effort through the pelvic and abdominal muscles, which are kept in vibration by the up and down motion of the extremity in use. To obviate this, a new arrangement, called the "Hall Treadle," has been

invented, which, in its operation, has no crank movement, and prevents this muscular action, and, it is claimed, will prevent these spinal and pelvic diseases being brought on from the use of the foot-treadle as formerly made.

EASY METHOD OF TESTING ARSENIC, ANTIMONY, AND PHOSPHORUS.—Poisoning cases so often occur with these substances, especially arsenic, that it is well to have at hand some mode of obtaining a handy and quick test for them. A brief article on this subject we take from the "*Philadelphia Medical and Surgical Journal*," as follows: "The solution of the substance to be examined is first considerably diluted with water, and poured into a wide-mouthed bottle, to the cork of which are fastened a number of pieces of parchment paper, previously saturated in acetate of lead, nitrate of silver, and sulphate of copper. A few drops of sulphuric acid are now added, some pieces of zinc thrown in, and the cork put on. In case any gases are liberated, they will react upon the strips of paper, and the color will disclose to what particular element the reaction is due. Phosphuretted hydrogen does not blacken nitrate of silver and acetate of lead, but does act upon sulphate of copper. Antimonietted and arsenietted hydrogen do not affect the nitrate of silver and sulphate of copper, but blacken the lead salt. Sulphuretted hydrogen, however, blackens all three of the above metallic solutions. In order to decide what elements are present, the strips of paper are to be macerated in a solution of cyanide of potassium. If the coloration immediately disappears, it was due to sulphuretted hydrogen; if it slowly changes in cold, and more rapidly in heat, it was caused by phosphorus or antimony; if it only bleaches a little and turns brown, and does not disappear when heated, it may be traced to arsenic. For ordinary purposes and rapidity of work, this method appears to be sufficiently accurate, and will enable the operator to dispense with the more cumbersome Marsh apparatus."

TOBACCO IN CHILDHOOD.—The following note upon the use of tobacco by children, from one who has carefully experimented and observed the effect of this baneful drug, are worthy of mention. They are as follows: "The pernicious effects of tobacco upon children are incontestable. The use of tobacco causes pallor, chloro-anæmia, palpitation, and troubles of the digestion. The anæmia is incurable as long as the habit is continued. Children addicted to tobacco are of inferior intelligence, and have a taste more or less pronounced for strong drink. Those who drop the habit before the production of any organic lesion recover perfectly."

PLUMBUM IN MENORRHAGIA.—Dr. Thomas Nichol, of Montreal, in the "*American Observer*," calls attention to the frequency in cases of lead poisoning of this symptom, menorrhagia, while abortions are of common occurrence by those who are subject to the influence of lead; and adduces a number of cases to prove his statements, and refers to the frequency with which allopathic physicians prescribe the acetate of lead in menorrhagia or other cases of uterine hemorrhages, claiming that they are unwittingly administering it upon the homœopathic principle.

SIMILIA SIMILIBUS CURANTUR IN LOCAL TREATMENT.—Dr. Wynne Thomas, of London, a practicing surgeon, in a recent paper on "The Relation of Homœopathy to Surgery," makes the following note worthy of observation. Speaking of local applications: "I conceive that these belong to surgery equally with the use of instruments or mechanical appliances. Now I believe that, rightly or wrongly, an objection is felt by most homœopaths to the use of local medication, because of an apprehension that the constitution may be injured thereby. But in my own experience I have found it of the greatest service, and in truth I hardly know how it could be possible to do without it.

"It may be laid down as a maxim that the more local a disease is, the more difficult it is to treat it by internal medicines. The very paucity of the symptoms constitutes often an insurmountable obstacle to selecting the proper medicine. Take, for instance, an ordinary hydrocele. I suppose all who have to do with it have given up the task of discovering an efficient medicine in despair. Between this case, which may be regarded as at the extreme, and other diseases, such as eczema, which are, only in a much inferior sense, local, there is every variety to be found, and not only is there a difficulty in treating local disease by internal medicine, but it is true that almost in proportion as a disease is local, so is it quickly, safely, and easily cured by local means. It seems to me then wise, if this be the case, to acknowledge the fact, and see whether the law of similars cannot, as I believe it can, be extended to the selection of the local medicament."

DISINFECTANTS.—The theories of their action are various, and among the more recent is that of Dr. T. P. Blunt, of England, and noted in a late number of the "Boston Medical and Surgical Journal," who divides them into two classes, as follows: "1. Those which act by the oxidation and total destruction of the virus contained in infected matters, together with the foul gases which usually accompany it, and which are, in fact, nature's danger-signals of its presence. 2. Those substances which do not possess the active chemical properties of the first class, yet are proved by experience to have a similar power of arresting and checking the spread of infection." After citing a number of experiments he arrived at the following conclusions: "We start with two assumptions, the first justified by recent research, the second borne out by analogy, viz., that infection results from the transference and development of minute germs, and that these germs contain albuminous matter as a necessary constituent, the coagulation of which terminates their existence. Upon these assumptions we frame our major premise, that all coagulators of albumen are disinfectants; and having arrived at this result by a process of pure reasoning, we proceed to prove its truth by experiments upon the antiseptic, and so upon the disinfectant, properties of a well-known albumen coagulator. Having thus established our fundamental proposition, we produce experimental proof of our minor premise, that nearly all

the substances to which popular experience has assigned the property of arresting the spread of infectious diseases where that power is at present unexplained, are coagulators of albumen. The conclusion then necessarily follows that these substances are disinfectants, and thus a vindication of their efficiency is furnished in those cases where it has been called in question by chemists on the ground that no sufficient explanation of their action has been offered.

"The above conclusion does not apply to sulphurous acid and the sulphites. In their case we must probably look for some more remote physiological effect upon germinal existence."

GUSTATORY.—We recently saw a statement, claiming to come from a practical observer during the recent siege of Paris, that dog-meat is much like mutton or deer, while horse-flesh can hardly be distinguished from beef, but to be palatable, the latter article, like cat-meat, should be first pickled thirty-six hours. We would suggest a dressing of petroleum and asafoetida to add to their flavor also.

THE PRESIDENT then said: Not having had time to have my say on the subject of small-pox, at our last meeting, I take this opportunity of presenting you with the following written speech:

Let not the physician who has lost very few patients with small-pox say, "I have been very successful in my treatment of the disease;" but rather let him say, "I have been very fortunate in not having many cases of the worst forms of small-pox;" for in these the die has been cast before the aid of the physician has been sought—the mischief has already been done which inevitably leads to a fatal result.

Such mischief is more common in those who, not having previous vaccinia or variola, are attacked by the latter disease. Of these, nearly one-fourth die, whatever may have been the treatment.

But such mischief less frequently occurs with those who have previously had vaccinia or variola, and in these cases the proportion of recoveries is quite large. Even among these there are cases of irremediable injury before the advent of the physician. A fruitful source of mischief is too great exertion shortly after the access of the fever. The patient, instead of resting, as nature dictates to him, through his feelings, goes about his business or pleasure until the aggravation of his disorder compels him to desist. By this time he has done himself great harm. In most febrile diseases this occurs, but with more serious disadvantage in variolous fever than in any other. If, in addition to this, he has also neglected the admonition of nature in the diminution of his appetite, not to eat, and has sought after palatable things which he has been able to force upon his stomach, he has added to the harm. This is at first occult, but when the hour arrives in which the organization should relieve itself by eruption, it is unable to accomplish it. The poek is large, dark, and filled with a fluid with a sanguineous discoloration; hemorrhages from all the openings of the body or from superficial wounds demonstrate the sunken condition of the system. The physician may attribute this stato

of things to the co-operation of some other morbid power; he may say that there is a typhus complication; but it is more rationally and profitably to be accounted for in the improper exercise and diet of the patient after the access of the variolous fever. Thus explained, it operates as a caution to all persons to avoid much exertion in the commencement of febrile disorder, especially when variola is present as an epidemic. All such cases must be fatal, and this termination generally happens before the fifth day of the disease. The physician in extensive practice who has not met with such cases may well consider himself fortunate.

If excesses are carefully avoided, no anticipatory diet is necessary. It is probably more injurious than useful. But when there is fever let the diet be light and cool, and let but little warm fluid of any description be taken. The greater success of the cool treatment of variola over that of the warm treatment, though no doubt greatly exaggerated by the advocates of the former, justifies this recommendation.

The most sensible course in the treatment of variola appears to be to consult the feelings of the patient and of the attendants, and to allow the temperature of the room of the patient to be comfortable, but not too warm; say rather, if anything, on the cool side of comfortable.

In regard to the medicines, all large doses ought to be avoided. The Arabs are said to have a saying that it was the last grain of sand which broke the camel's back, but we may say that a cathartic took away all the chances of the recovery of the patient.

In regard to homœopathic remedies to be employed in the treatment of variola, it should be said, not that there is no specific remedy, but that we know of none such. We should watch carefully which of our remedies make the nearest approach to being such.

Among those which are thus spoken of, is the *Sarracenia purpurea*, given in aqueous infusion, or in homœopathic dilutions of the tincture.

Some years since, I tried the infusion of *Sarracenia*, which was highly lauded by one of my professional friends, in a case of variola discreta, in a subject unprotected by previous small-pox or vaccinia. The disorder ran so nearly the course which was to be expected without any medication, that I did not form any high opinion of its specific powers to mitigate variola.

On the recommendation of another professional friend, I am employing it in a dilution of the tincture. But in this study of a specific for variola, I hope to remember that, in the cases of the partially protected there are vast differences in course and phenomena from those of the unprotected. There may be a copious eruption such as would be fatal from exhaustion in the unprotected, and yet in a few days the aspect of the case may be entirely changed, the pock may dry into scabs at a very early period, and fall off completely by the time in which the pocks in the unprotected would have reached their maturation, and all danger will have passed away before the period in which the latter are so frequently fatal. This period is between the eleventh and twenty-first days or even later. Too

copious an eruption exhausts the powers of the system, which becomes unable to complete the stage of desiccation and desquamation. Either being ignorant of the facts here stated, or neglecting to bring them into consideration, many have been led to attribute specific powers to remedies which have since been found not to be entitled to this honor.

It is, as has already been remarked at our last meeting, the duty of the homœopathic physician to give in variola those remedies which are homœopathically adapted to the condition of the patient. Thus there is scarcely a medicine which will not find a proper application in some case of small-pox. I may here mention that recently, in a case of severe confluent variola, occurring in a woman aged sixty-two years, who had been vaccinated in her girlhood and was thus under a partial protection, sinking and prostration occurred, the pulse becoming weak and almost imperceptible. *Asparagus* in the 5th centesimal, and *Arsenicum* in the 400th (Jenichen), in alternation, were succeeded by greatly improved pulse and strength, followed by gradual recovery. In this case *Tela aranea* proved very valuable for singultus.

Dr. GUERNSEY referred to the effects of tobacco on children as mentioned in the Scribe's report. He had seen similar effects many times, and had prescribed for such cases, both in children and in adults, *Tabacum* 2c, with the happiest results. The deleterious effects of poisonous doses of lead, too, remaining after the poison has been chemically antidoted—such as colic, sinking in of abdomen with a feeling as if the back and abdominal walls met, with great weakness, were promptly cured by *Plumbum* 2c. So also with the effects of tea—nervous irritability, patients easily startled, restless, and uneasy, palpitation of heart, which comes on at night so that the patients have to get up, a warbling-flutter of the heart, *Thea* 2c always effects a cure. Hydrocele is not a local but a constitutional disease, and requires constitutional treatment for its cure. It is sometimes congenital, but is always the result of some constitutional morbid influence. It is curable by internal medication, and he had cured it often. Dr. Mahlon Preston, of Norristown, cured a case by *Digitalis*, his only indication for the use of that remedy being an unusual slowness of pulse. Eczema is not a local disease. It is no such thing. No skin disease, of whatever nature, is a local disease, but is the consequence of some morbid influence at work in the system. The peculiarities which attack the nails, hair, and skin, all result from constitutional disease, and we want the remedies to act on the constitution. All these diseases have been, and can be cured, if the properly selected homœopathic remedy be given in the right potency. In regard to disinfectants he would say a few words: He had no faith in these so-called disinfectants, of which we hear so much nowadays. We smell carbolic acid everywhere we go, and it is sickening. It is altogether a hypothesis that it is a disinfectant of the atmosphere of the small-pox poison. What we need as disinfectants are clean houses and plenty of good fresh air. In order to have a true disinfectant, we want something that will unite

with and neutralize what we want to get rid of. To disinfect a house, we want something to neutralize the poison so that it will have no effect. Can this be said to be done by carbolic acid? He would have carbolic acid abolished from the sick-room. He was very glad to listen to Dr. Jeanes's remarks. He admired what he had said for its truthfulness and sound sense, and indorsed every word of it. In regard to vaccination, it had been reported to him more than once, that such and such a person had been vaccinated, and had taken the small-pox and died. Doubted whether these were genuine vaccinations. He vaccinated a baby a short time ago, but was too busy to call on the fifth day to see about it. Called about fourteenth day, and was told by the mother that "it had taken beautifully." On examining for himself, he found that the scab indicated a spurious vaccination. He vaccinated the child again, and it took nicely and in regular form.

Dr. JEANES.—This subject of vaccination is very curious. I should like much to know what disease it was that produced the spurious scab referred to by Dr. Guernsey. Had the first vaccination been good, the second attempt would not have succeeded. If you perform a second vaccination four or five days after the primary one, you will usually find that both will form their areola together about the ninth day, and that they will arrive at the climax about the same time. It may be fairly argued from this, that the one influencing the other gives evidence of a constitutional affection. I should like to know how the men who sell us vaccine matter procure it in such quantities. Can they vaccinate a cow more than once? The matter originally used for vaccination was taken from the teats of cows, and it is alleged that it came to the cow from the heels of horses, the horses having a disease called the grease, which was conveyed by the hands of grooms to the teats of the cows they milked; but no scientifically conducted experiments have been made to ascertain whether this is really a fact or not. Is it not more reasonable to suppose that the vaccine disease of the cow is the variola of the human communicated to the cow by milkers recovering from variola. I think the experiment should be tried of vaccinating the cow with variolous matter. It has been stated that this has been done, but it should be repeated until completely and accurately observed. If it be true that by this means vaccine matter could be procured, then, in epidemics of variola, we could always have plenty of reliable vaccine matter. From Germany and Belgium, from whence we get most of our imported virus, they have had the rinderpest. I wonder whether any of the virus we have had has been taken from cattle affected with that disease.

Dr. GUERNSEY asked Dr. Jeanes why it was that the regularly formed *crusts* taken from cows do not affect the human system. He had tried them several times unsuccessfully.

Dr. JEANES believed that the virus from the cow must be in a wet state to be efficient.

Dr. BUSHROD W. JAMES said that he wanted to give a few facts in

connection with this matter. Dr. Jeanes wishes to have cows inoculated with variola and the matter experimented with. This has been done more than once to the sorrow of experimenters, for it has almost always resulted in a large crop of small-pox cases. There was a case of cow-pox, which was believed to be idiopathic, discovered at Beaugency, in France, in 1856. The matter then taken was carefully used, and has been transmitted from then until now. Vaccinations from this transmitted matter are regarded as producing the best vaccinations, the crusts falling off on the twenty-first day. With regard to crusts which come from cows: if the vesicle is not ruptured and the crust forms in the regular way, as in the human crust, that crust will produce vaccination, as he had tried it; but a majority of the pustules get broken, and the lymph exudes, and these crusts are not good. He had vaccinated about a dozen cows with this transmitted matter from Beaugency, and had been able to keep up a good supply for himself and to give some to his friends. He had found that this matter must be fresh. He dips ivory points into the pasty part of the lymph which exudes from the vesicles about the eighth day, and those points almost invariably "take;" but he did not think that they remained good longer than two weeks. With regard to the protective power of this virus, he could only say that he had vaccinated in families where variola and varioloid existed, and none of those vaccinated took the disease. He had vaccinated others who had been freely exposed to the disease, and he did not know of one who had been afterwards taken. In regard to Dr. Jeanes's remarks about vaccinating cows more than once, he had not done so, as he believed at first that it would not take the second time. He had had one heifer which would not take the disease, notwithstanding repeated trials. Whether she had been previously vaccinated or diseased, he could not tell.

THE SECRETARY read a circular, copies of which he had sent to the physicians of Philadelphia, urging them to contribute books for the relief of the physicians of Chicago who had had their libraries destroyed, and for the purpose of forming a central library for their use. He stated that the response to the circular had been very feeble, and appealed to the Society to help along this good work. Books could be sent to him, or to Dr. A. R. Thomas, 937 Spruce Street, and would be properly transmitted.

Dr. PEMBERTON DUDLEY called the attention of the Society to the State Medical Directory he was preparing in the interests and by authority of the State Society. Its object was to procure knowledge of all practitioners of homœopathy in the state, of places unsupplied, &c., and to keep up a correct list of the names and residences of homœopathic practitioners of Pennsylvania. Lists of names of Philadelphia practitioners would be placed at the pharmacies for revision and correction, and he hoped all would interest themselves in this work.

The Society then adjourned.

HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHANY COUNTY, PA.

REPORTED BY J. H. McCLELLAND, M.D., SECRETARY.

HOMŒOPATHIC HOSPITAL, PITTSBURG, Sept. 8, 1871.

REGULAR meeting called to order by the President, Dr. J. C. Burgher.

There were present Drs. C. Baelz, J. C. Burgher, J. F. Cooper, M. Coté, W. R. Childs, H. Hofmann, J. C. Kennedy, L. M. Rousseau, C. P. Seip, J. H. McClelland; and associate members (students) Chantler, Carrothers, Buffum, Bolson, Rinehart, and Kennedy.

The minutes of last meeting were read, approved, and other routine business transacted.

The essay of the evening was then read by Dr. J. F. Cooper, upon the subject of Variola. (See page 254.)

The reading of this paper was followed by a

Discussion on Variola.

Dr. Hofmann usually gave Bry. in the first stage. Had seen a number of cases in which vesicles prevailed without an umbilicus. Reported a case of the worst confluent form in a pregnant female, in which the child was carried to full term, and had no marks or appearances of small-pox; also a case where the child was carried while the mother had varioloid. Had vaccinated the child at various times without success; at eight years of age it took small-pox, and died.

Had one case of *black* small-pox, the third one of the kind in many thousands, which died on the fifth day.

Dr. Baelz had observed that the umbilicus was always present on the pustules of the face, although sometimes absent on other parts of the body; had good success in the use of tepid sponge-baths when the fever was high; gave Acon., Bell., or Bry.; used the sponge-bath less frequently in the advanced stages, but found it to relieve the burning, itching, and nervous irritation; controls convulsions with Bell. and sponge-baths; gives Ipec. when there is nausea and vomiting; does not think any treatment is of much value in very malignant cases.

Dr. Burgher gives Tart. emet. for vomiting, if it occurred after the eruption had developed.

Dr. Cooper gives Ipec. or Ant. cr. for nausea and vomiting. Gastric irritation is usually suspended after the eruption appears.

Reported several cases of variola during gestation; in some the children had no pustules when born. In one case the child was born about the eighth month, showing no sign of the disease. Vaccinated it with kine virus, and instead of its taking in the usual manner, erysipelas set in at point of vaccination, and child died. Had one other case similar.

Dr. McClelland had had twelve or fifteen cases, most of them had been mild; all had been vaccinated, so far as he could learn, except one, and he died of confluent small-pox. In first stage used Bry. oftenest; afterwards Merc., Tart. emet., Rhus, Thuja, or Sulphur. Invariably uses

carbolyzed lard (a drachm of acid to the pound of lard); found it to allay the itching, and he believed it prevented pitting. Besides, he thought it prevented the contagion from being carried. When the patient was recovering (period of desiccation) he had him sponged off with carbolic soap, and his clothes washed with the same.

Dr. Rousseau had but five cases; sore throat was prominent. Gave Bell., Bry., and Merc.

Dr. Childs inquired if any of the members had used *Sarracenia*.

Dr. Hofmann had used it in a former epidemic with variable success. Thought it shortened the duration of the disease; had seen no indications for its use this year.

Dr. Rousseau said his brother, a layman, had used an infusion of the fresh root with excellent success. The fever was subdued immediately, and the disease cut short.

Dr. Kennedy had some nine cases. Used Arsen., Bry., Variol., &c. Had a confluent case, upon which he used Arsen. and Rhus with success. Used glycerine and black silk over the face, to prevent pitting.

Dr. Seip had a good many cases. Used Rhus, which controlled the restlessness. Thought the carbolyzed lard prevented pitting by arresting the ulcerative process, and hence he used it largely.

Dr. Coté had given Thuja²⁰⁰ in a former epidemic, and out of fifty cases lost but one. Asked if vaccination could bring on abortion.

Dr. Hofmann thought not. Would not vaccinate if the patient had a wound. Vaccinated a child whose hand was burned, and pustules broke out all over the burned surface.

Dr. Coté contended that miscarriage might be produced by vaccination, and hence he did not vaccinate during pregnancy. Reported a case in which catarrhal fever supervened after vaccination, arresting the progress of the same until the fever had subsided, when it again pursued its regular course.

Dr. Cooper had noted a very singular case, where varioloid appeared while the vaccine pustule was in progress, and both proceeded to maturity at the same time. Recommended vaccination, even if variola was in process of incubation. Had a case of a child nursing while the mother had variola. He vaccinated the child, and it did not take small-pox.

Dr. Coté inquired if any of the members had seen a case of variola where the patient had a good mark of vaccination.

Drs. Cooper, Hofmann, and Seip, had observed such cases.

Dr. McClelland said the mark only showed that the patient had received vaccination, and did not necessarily imply that its preventive influence was still in force.

It was agreed to continue the subject of vaccination at next meeting, and the chair appointed Dr. Baelz essayist for that occasion.

These proceedings are published in accordance with a resolution passed at a previous meeting, declaring the *Hahnemannian Monthly* to be the organ of the Society.

THE
HAHNEMANNIAN MONTHLY.

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HOMEOPATHY MISAPPLIED.

BY PEMBERTON DUDLEY, M.D.

(Read before the Philadelphia County Homœopathic Medical Society, Jan. 11th, 1872.)

THERE is no law or principle of science, employed intelligently by men for the accomplishment of their purposes, which does not depend for much of its value upon their knowing not only *how*, but *when* to apply it. Most of the rapid progress we are now making in all departments, consists not in the discovery of new principles, but in new applications of those already known. And much of the failure of the past has arisen, not from the want of principles to guide us, but the want of a knowledge how and when to apply them. The whole history of mechanical invention and scientific investigation is filled with instances of this character; that of medicine being pre-eminently so. Nor has there been any good reason to presume that our own enlightened system of therapeutics would present an exception to this general rule. On the other hand, the writer, from the very earliest period of his professional career, has been under an impression that a part of our practice (fortunately only a very *small* part of it), is not founded on a true scientific basis; and these impressions have, after much thought and study, assumed the force of positive convic-

tions. The unscientific practice alluded to, consists in attempting to apply the principle of "similia" to cases in which such an application is impossible. To define these cases is the object of this essay.

As we shall base our argument, not upon any new or startling facts, but rather upon a careful examination of phenomena and principles already recognized and accepted, we may be permitted to remind ourselves that science is made up, not alone of facts and phenomena, but also of the relations that subsist among them, and that a single phenomenon or a large number of precisely similar phenomena, cannot manifest fully all the principles and laws of science involved in their production. Newton could never have developed the whole theory of gravitation, from watching the fall of a million apples; nor could Hahnemann have defined the exact limits of the field of homœopathic action, from the observation of any number of cases cured under the application of the law of similars. It required other facts and phenomena, in each instance, to unfold all that was to be learned respecting these two great laws of nature; and where phenomena were wanting, reason was called in to complete their development. Let us also remember that, to depend alone upon the evidence of our senses—upon what we call "experience"—is to wander frequently into the grossest error. Experience is not an infallible guide, and reason must often be pressed into our service to correct the errors of observation; and however correct the observation, reason must always furnish its interpretation. It is presumed then, that the appeal to reason which is made in the present paper, will not be rejected without due consideration. There is no method by which a morbid action can manifest itself through the medium of symptoms, except by the agency of the functions. And this action of the functions in manifesting the signs of disease, is not necessarily an abnormal one. It may be perfectly healthy in itself even while indicating the presence

of disease in some other part of the organism. Thus the action of the sensory nervous system in transmitting an impression of pain, is no more unhealthy than when a sensation of pleasure is conveyed. If this pain is to be suppressed, it must be done either by removing the cause or by impairing the natural functional power of the sensory nerves. Any medicinal action, therefore, directed against symptoms alone, cannot be directly curative, and must, if sufficiently intense, be productive of disorder in functions which before may have been perfectly healthy; because it is impossible to subdue symptoms so long as their cause continues to operate, except by depriving the functions of their ability to manifest symptoms—a process which cannot affect curatively the cause of such symptoms.

Drugs, in their action upon the animal organism, are capable of affecting it in three different ways, viz., in the mechanical arrangement of its parts, the chemical constitution of its tissues, and the action of its vital functions. Some of these effects are direct and others indirect. If a drug produce a mechanical effect, it must either be by virtue of its physical properties (its weight, volume, form, &c.), or by acting through the functions. In one of these ways the action is not medicinal, and in the other it is not direct. So also a chemical action may be effected directly by virtue of the chemical properties of a drug, or intermediately through a modified functional action. In one of these also the action is not medicinal, and in the other it is not direct. We have therefore established our first proposition, namely:

The direct medicinal action of a drug is always exerted upon the functions.

If a medicine act on a diseased part, intermediately through the function of some other part, it must modify the previously existing health of that function. And if the *disease* is sufficiently intense to produce morbid symptoms, the modification of that particular function through

which the cure is effected, must also be sufficiently intense to produce morbid symptoms; since it must necessarily be more intense than the original disease. Such being the case, the cure of any group of symptoms must always be attended with the production of another and entirely different group; a state of things notoriously at variance with all observations of homœopathic cures. Such an action of a drug, therefore, cannot be homœopathic, but must always be pathogenetic. Hence our second proposition:

All homœopathic action is both medicinal and direct, and therefore functional.

It will scarcely be questioned that, similar morbid actions occurring in the same part of the organism, under similar circumstances, must give rise to similar groups of symptoms; and conversely, similar groups of symptoms indicate similar morbid actions. Further, if a drug induce a similar group of symptoms, it must be by exciting a similar morbid action in the same part of the organism. Therefore a medicine given on the principle *similia similibus curantur* must have a specific tendency to the point in which the group of symptoms originates, and by virtue of its property of exciting both primary and secondary effects, its action is, when properly administered, in direct opposition to the action of the disease. Hence our third proposition:

The direct action of a homœopathic medicine is always curative.

Now bearing in mind all these propositions, which we think we have fully substantiated (if indeed any homœopathic physician deems any proof necessary), we shall have the following results.

1st. A medicine, to be homœopathic, must act directly (not intermediately) upon that part of the organism in which the group of symptoms originates, and its action must be directly curative.

2d. If a medicine act upon a part which is not already

diseased, its action can not be directly curative, and therefore not homœopathic. The action of such a medicine, if sufficiently intense, must always be pathogenetic.

3d. A structural disease which is caused and maintained by any other agency than functional disorder, cannot be reached by medicine at all, except indirectly through a function which may be perfectly healthy; and such functions cannot be affected homœopathically, because they have no disease to be acted on. Diseases of this class, then, are "not subject to the law" of homœopathy, "neither indeed can be;" and the medicine which exerts any curative influence upon them is not homœopathic, no matter what may be the dose; no matter what the form in which it is exhibited; no matter how great the similarity between its symptoms and those of the disease. If you propose to cure such a disease by a homœopathic medicine, you must produce on a healthy function an undue stimulation, or an undue depression, or an actual perversion, and your proposition is to *cause* disease, on the principle, "*like cures like*," and is absurd in its very construction.

Let us now apply these principles to some of the cases of diseases which we are called upon to treat. And first we will take a case of renal calculus. The stone, we will suppose, has passed from the kidney, and lodged in the ureter. The formation of the stone has been due to functional disorder; but that disorder may long since have ceased to exist; and at any rate the cure of that condition will not get the stone safely out of the body. The symptoms now resulting are not symptoms of the original disorder, and will not guide the physician to its cure. They are accidental symptoms purely, and can only indicate the proper treatment for the new condition. Now what will homœopathy do in such a case? We may administer Arn. or Berberis, or Mere. or Canth., or Nux, or some other remedy, "according to the totality of the

symptoms"—and for what? Will homœopathic medicine pulverize or dissolve a stone? Will it distend the gradually narrowing tube, already distended to its utmost, and so permit the removal of the irritating obstruction? Such an action would not be medicinal, but mechanical. "But," says one, "Bell., or Berberis, or Cantharis, will relieve the pain consequent on the mechanical irritation, and so prevent fever, and inflammation, and exhaustion." Possibly they will, but not homœopathically. This pain is the natural, aye, the HEALTHY result of the mechanical injury. If there were no pain, it would indicate disease of the sensory nervous system. Now if this pain be suppressed, it must be done by inducing disorder of the sensory function. Thus we shall be, not curing disease, but causing it, and such treatment is certainly not curative, and therefore not homœopathic. If functional disease, as above stated, result from the irritation, it may be treated on homœopathic principles; but the mechanical difficulty, *and its direct results*, must be treated in some other way. To apply homœopathy to such a case, is to misapply it.

Again, let us suppose a case of uterine hemorrhage induced by a fall or blow, during the progress of pregnancy. The placenta has been detached, the delicate structure of the uterine vessels torn, and hemorrhage, with labor—the natural consequence of the death of the embryo—comes on. Shall we administer homœopathic remedies? For what purpose? The embryo is no longer living, and the mother's functions are not disordered. It is the office of the healthy uterus to expel a dead embryo; therefore the pains must not be checked. But what shall be done with the wasting hemorrhage? Will Ipecac. or China coagulate healthy liquid blood, and so prevent further loss of the vital current? Will Bell., or Sabina, or Crocus, contract and retract a broken vessel which has already contracted and retracted, so much as is consistent with the laws of its own health? Will Nux v., or Secale, con-

tract the uterine walls in any other way than by exciting an unhealthy degree of activity in its fibres? Is it on the principle, "like cures like," that healthy liquid blood is turned into worthless coagula? Is it in accordance with the principle, "like cures like," that the contraction and retraction of a bleeding vessel is forced beyond its healthy normal degree? Is it on the principle, "like cures like," that the natural process of labor is unduly hastened by a drug? No; your patient may recover under your treatment; but, in the name of reason, in the name of science, don't call such treatment homœopathic. It is as unhomœopathic as anything allopathic can be, no matter what the remedy, or what the dose.

Even if the same results occur, not from an injury but from functional disorder, its homœopathic treatment is attended with almost insurmountable difficulty; for the natural effects of the hemorrhage frequently disguise the symptoms of the original disorder. Moreover, if the disorder be cured, the process of labor and the hemorrhage from the open vessels go on just the same, unless other influences or agencies have operated to check it. Removal of the disorder which gave occasion to the accident will not cure the accident itself, or avert its natural results.

Recent discussions, in various medical societies, on this very subject, show conclusively that the writer is not the first to promulgate the views herein expressed, but that a very large number of physicians have found it impossible to conceive how a medicine can act homœopathically when there is nothing for it to act upon, or how it can cure disease where disease is not.

Hahnemann himself must surely have had a correct conception of these principles when he wrote (*Organon*, § 29) in reference to the diseases cured on the principle "similia similibus," that they are "*purely dynamic and peculiar changes of the vital powers, in regard to the manner in which they accomplish sensation and action.*" It is diffi-

cult to see how, in supporting the doctrine we have been advocating, his language could have been more explicit or more forcible; and, in fact, the passage quoted is italicized in the original.

It must always be a matter of regret, however, that while Hahnemann's doctrine on this point is substantially correct, his practice, or at least his explanation of certain "cures," did not always conform strictly to his own principles. An illustration is found in his homœopathic explanation of the "cure" of frost-bite by applying snow or "frozen sour-crout" to the affected part. Now how can such treatment be homœopathic? It is not even medicinal; it is physical purely. Moreover, it does not constitute a true remedial application, but is simply a gradual and slow withdrawal of the morbid influence. Still further, *it is not curative*, and is not designed to be. It is intended solely to retard the natural reaction, which in all such cases is too sudden and too violent, and thus to prevent—not cure—the disastrous effects which so frequently result from frost-bite. And Hahnemann's explanation of the "cure" of a burn by the application of a gentle heat is open to precisely the same objections. In either case homœopathy is inapplicable and valueless.

The question will doubtless suggest itself: how happens it, then, that Hahnemann should deny, practically, his own doctrinal teachings? And how is it that so many of his followers in our day should have made the same mistaken application? There are two causes that have operated to produce this result. First, the very natural and very commendable enthusiasm of Hahnemann and his followers, has led them to accept as homœopathic those cures which appeared to be such, when a more critical examination would have shown them to be *indirect* cures or *no* cures at all. Second, an influence has been brought to bear upon us, exerted chiefly by the allopathic profession, which makes us loath, sometimes, to resort to other measures even in those cases where we are convinced that

the homœopathic law is inoperative, lest our practice should *appear* to be inconsistent with our doctrine. Said an allopathic physician to me not long since, "There's Dr. So-and-so gives ergot in some cases of slow labor, *I know*, and he can stick a knife into a felon as well as *I* can. Do you call *that* homœopathy? I like you fellows well enough, but I believe you'll all desert your colors when you're hard pushed." It is true that some may have conscientiously resisted this influence; but who that has long practiced homœopathy has not felt it? Nor is our own profession entirely unblamable in this regard. How often, when our brethren have been found making use of unhomœopathic measures for the relief of certain cases, have we denounced them as eclectics or as mongrels, and have thus added the whole weight of our own influence to that of the allopathic profession, in the subversion of that perfect freedom of action and of thought so indispensable to the professional success of every medical practitioner; the chief difference between the action of members of the two schools of medicine in this being, that so long as we fail to define exactly the limit of homœopathic application, the allopathist is justified in condemning our apparent inconsistency, while the homœopathist is not.

So far as medicines themselves are concerned, it is probable that *all* of them may be applied on the principle "*similia similibus*;" simply because it is probable that all of them possess the property of affecting the functions in two opposite directions. It is difficult to conceive that the organism, after receiving the effects of *any* medicine, should not have the property of reacting *against* those effects, or that this reaction should not, in its intensity, bear some relation to the intensity of the primary action; except in those cases in which the primary action is so intense as to impair or destroy the reactive power. It is probable, therefore, that *all* medicinal substances have the power to act upon the principle of "*similia*," and that

while the varying character of fleshly ills imposes a limit to homœopathic applicability, that of medicines themselves imposes none.

In conclusion, let me say that I have denied no man's facts and controverted no man's statements. I only claim that phenomena correctly stated have been wrongly explained; and I only ask that my arguments shall be met, not by the statement of facts alone, but by the logic of experience and reason combined.

BRITISH HOMŒOPATHIC CONGRESS.

(Concluded from page 271.)

DR. DUNN then read a paper on *The Influence of Homœopathy in the Practice of Surgery*. This paper has been published in the December number of *The Monthly Homœopathic Review*.

The author, after alluding to the improvements which had marked the progress of medicine, and to the influence which homœopathy had had in the advances which had taken place, then passed on to notice the progress of surgery, and the advantages which the surgeon derived from adopting homœopathy into his practice. He spoke warmly of the value of acupressure, and of the anti-septic method of Professor Lister; and then pointed out, and illustrated by cases that had occurred both in his practice and his person, that homœopathy rendered valuable aid; 1st. In diseases of the bones and joints, where, for lack of homœopathy, amputation is oftentimes resorted to. 2dly. In removing the consequences of traumatic shock. 3dly. In promoting the repair of injuries. 4thly. In so improving the general health of a patient as to render successful an operation which, without this improvement, would probably have been fatal; and 5thly. In hastening convalescence after an operation.

Dr. Gibbs Blake, Secretary, then followed by reading the paper of Dr. Wynne Thomas, entitled *Reports of Surgical Cases*, Dr. Thomas being necessarily absent in consequence of the illness of his father.

Dr. Thomas commenced by defining surgery to be the science and art of curing disease by local means; and he

argued that in local or surgical, as well as in constitutional treatment, homœopathy had already done much, and gave promise of accomplishing still more. He divided local diseases into two classes: 1st, the centripetal, or those commencing on the surface, or at one of the apertures; and 2dly, centrifugal, or those which are primarily constitutional, and afterwards appear on the surface. The first class he considered might always be treated by local means. As examples he instanced the application of iodine to an inflamed bursa, and the injection of iodine into a hydrocele; and the treatment of parasitic disorders by parasitocides. Of the second class, gout, rheumatism, eczema, and piles, were adduced as instances. Such cases all required constitutional treatment. Dr. Thomas gave the particulars of several cases in support of his propositions. Among them was a case of eczema aurum, which, after long resisting purely constitutional treatment, yielded rapidly to oil of cade soap (juniper); one of serpiginous ulcer of the leg, which, in spite of medicines selected with the greatest care, continued to spread, but was immediately checked by the application of strong nitric acid to the sloughing edges.

Dr. Thomas then passed on to show that the controlling power over inflammations which we gained through homœopathy, rendered unnecessary many operations which would otherwise be inevitable. Dr. Thomas had seen one case of cataract cured by medicine; some cases of fissure of the anus; one case of undoubted cancer of the orbit he had seen greatly improved by *carbo animalis* 200. Two cases of corns on the sole of the foot, of a warty description, had yielded, in his experience, to *thuja* 6, and *nat. mur.* 12.

The after-treatment of operations he had found much facilitated by homœopathy. Inflammations were reduced more rapidly, and wounds healed more kindly. Opium in large doses he thought seldom needed, except when it was required to keep some organ in a quiescent state, as, *e. g.*, the bowels, after stitching up a lacerated perineum, &c.

Dr. Thomas concluded an interesting paper by stating that his estimate of the value of homœopathy in all kinds of cases, surgical as well as medical, rose every year.

The reading of these papers was followed by an interesting and valuable discussion.

Mr. Pope desired to refer to one point in Dr. Dunn's

interesting paper, viz., the importance and value of homœopathy in so improving the health of a patient as to render surgical interference much less dangerous than it otherwise might be. During this summer, Dr. Smart, of Tunbridge Wells, being ill, requested him to tap a patient having a large cystic tumor of the left ovary. The operation was easily borne; there was no tendency to fainting, no falling of the pulse; and though twenty-seven pints of fluid were removed, there was no necessity to check its flow through the trocar for more than once or twice. The operation only occupied a few minutes. Dr. Smart had tapped the same patient two months previously, and then there was some difficulty in keeping her from fainting; the pulse was feeble, and the flow through the trocar had to be stopped frequently to prevent syncope. But after emptying the sac, she was carefully watched and skilfully treated by Dr. Smart, and the result was that the state of her health was so much improved during this interval that the second operation had no important effect upon her at all. Subsequently to this second tapping she was under the care of Dr. F. Smart, and her general health became so much improved as to warrant the extirpation of the tumor. This operation was successfully performed by Mr. Spencer Wells during August, and she made a most excellent recovery. At the time she first came under Dr. Smart's care this would have been hardly possible. As bearing upon this point Mr. Pope remembered Dr. Smart giving him the particulars of a case of cancer of the mamma, in which Mr. Paget, of Leicester—the patient's usual medical adviser—had declined to operate on account of her enfeebled health. She then placed herself under the care of Dr. Smart, who sent her back to Mr. Paget so much improved that he operated at once and without hesitation. Dr. Thomas, Mr. Pope observed, had recommended the external application of *iodine* in chronic bursitis in preference to the internal administration of *silica*. He had seen several of these cases, and had generally found them yield to *silica*: so frequently that, remembering what they had heard in the Address of their President that day in reference to the employment of chemical agents in the treatment of disease, "that the use of each one is apt to be followed by its own specific effects, over and above its chemical action;" and applying this to the case before

them, that *iodine*, applied to the serous effusion in the bursa, would, besides exerting its absorbing power, cause its own specific effects in other parts of the body;—remembering this, and the fact that *silica* had cured many such cases, and then that if it failed we had *iodine* as a *dernier ressort*, he thought that it would be only correct and safe practice to try the *silica* in such cases for some considerable time before resorting to the *iodine*. There was one medicine which had not been mentioned, but which he thought was of great use in injuries of nervous structure, viz., the tincture of *hypericum perforatum*. He had used it, at the suggestion of Dr. Madden, in a case of concussion of the brain, with marked advantage.

Dr. Holland related several cases of great interest, showing the value of homœopathic treatment in surgical injuries. In one a man was caught by “the devil” of a cotton factory—a machine used for cleaning the cotton after its removal from the bale—and his hand was lacerated in a more serious manner than he had ever seen before; the extensor tendons being torn, and the posterior annular ligament extensively wounded. Amputation was proposed to avoid the chance of lock-jaw, which seemed imminent, but it was declined. The parts were brought into apposition by sutures, and a lotion of *calendula* was applied, with a moderately thick compress over the posterior aspect of the hand and arm, while a splint, with a tolerably firm bandage, secured the whole. *Aconite* and *arnica* were given alternately for a few days, and eventually the man made a good recovery, inability to extend two fingers being the only permanent injury from his accident. Shortly after this had occurred he was asked to see a valuable carriage-horse which had fallen, and so injured the knee that the veterinary surgeon had condemned it to be shot. The joint had been laid open, and synovia was flowing freely. He dropped *tincture of calendula* into the joint, and with sutures, splints, and compresses, got the leg into shape, and had the horse tied to the rack for ten days. By this time the wound was healed, and the animal soon able to work. In a case sent to the Norwich Homœopathic Hospital—a case of enormous fungoid excrescence on the leg, with extensive infiltration into the cellular tissue—he had made three incisions nearly the length of the leg through the boggy part. *Aconite* and *calendula* lotion were the chief reme-

dies used, and the recovery was complete. Dr. Holland did not approve of the internal injection of *iodine* in hydrocele, or of its external application in bursitis. He had found it give rise to considerable constitutional disturbance, and oftentime to severe orchitis. Abscesses and destruction of a portion of the scrotum had resulted from *iodine* injections. He preferred the use of the acupuncture needle recommended many years ago by the late Mr. Green, of St. Thomas's Hospital. The needle is passed into the tunica vaginalis, and if on its withdrawal a drop of serum exudes, the whole will be absorbed in twenty-four hours. A few operations of the kind are rapidly curative, and need not be repeated more than once in three or four months.

Dr. Moore said that he had seen this mode of using the acupuncture needle successful in cases where every other measure had failed. He regretted that Dr. Dunn had not mentioned *phosphorus*—a remedy in some forms of bone disease more valuable almost than any other. *Staphisagria*, too, in fresh wounds, was much valued by Dr. Franklin, an American surgeon. For ringworm he thought a *carbolic acid* lotion was invaluable. In reference to the stytes mentioned in Dr. Thomas's paper, he thought that there must have been something wrong in the dietary of the establishment where they occurred in such numbers.

Dr. Dunn here said that he valued *phosphorus* in bone disease very highly. When he spoke of *calendula* he had referred not to the tincture, which he thought irritating, but to the infusion.

Dr. Hayward had the greatest confidence in the use of *calendula*. He made a watery essence from the plant, dipped the lint dressing in that, and applied it in all wounds from operations; the parts had healed by first intention. The *carbolic acid* treatment was very good, but certainly he should try the *calendula* treatment first. With reference to corns on the sole of the foot, he had had two cases similar to those named by Dr. Thomas. He tried *thuja* No. 1 internally, as well as making an external application; the wart-corns were gone in six weeks. With reference to the tapping, he should like to inquire of Mr. Pope whether the pressure was kept up by bandages or otherwise.

Mr. Pope: Certainly, on each occasion.

Dr. Hayward: External treatment often caused constitutional irritation, and therefore should only be resorted to when internal medicine failed.

Dr. Cooper referred to the use of *peronia* in ulcerations, which had been brought before our notice by Dr. Ozanam, of Paris. Applied locally, it prevents the spreading of the disease, and has in some cases cured. He used *arnica* chiefly in housemaid's knee, and had found the same remedy useful in the "capped hock" of a horse.

Dr. Yeldham, as an old hospital surgeon, thanked Dr. Dunn for his paper. He fully indorsed all that had been said in favor of the antiseptic treatment. During the siege of Paris, the *Lancet* had recently informed us that wounds were there treated by applying thick layers of cotton-wool to them, and so carrying out the theory of Professor Tyndall. For years past Dr. Yeldham had been in the habit of applying dry cotton dressings to wounds, in order to avoid the effects of moist dressings, the heat and moisture of which tended so much to the formation and decomposition of pus. With dry dressings a little simple unirritating pus only was present. The favorite idea of the day was that surgery should be conservative. Nothing tended so much to conservatism in surgery as did homœopathy; a fact of which Dr. Yeldham gave a striking illustration from the practice at the London Homœopathic Hospital. In hæmorrhoids he used external applications, whilst a vast deal of good was done by judicious medicines, such as *sulphur*, *nux vomica*, and mother tincture of *hydrastis*, ten to twenty drops, given three times a day. Small doses of this drug did no good whatever. (Laughter.) He spoke advisedly. When that fails, a vast amount of comfort may be obtained from the topical application of pure *nitric acid*. He never yet saw a fistula in ano get well by homœopathic medicines. He had tried a variety of medicines, and had long ago arrived at the conclusion that it was incurable by medicine. He threw out the suggestion that they should not claim too much for homœopathy. There was plenty it could do, but they placed it in a false position if, in their enthusiastic admiration, they were led to claim what did not fairly lie within its province. That remark applied particularly to the treatment of fistula and hernia. They could hardly expect to cure hernia with medicine. Then there was the question of carbuncles—Were they best opened, or

left to the natural process? For his own part, he should have opened them freely as soon as matter could be detected. In the London Homœopathic Hospital there was a man worn down by serious and very anomalous symptoms, referable to the kidneys and bladder. When he appeared perfectly incurable, and the worst results were anticipated, a large carbuncle formed on his back. From that time all the other symptoms disappeared, and he got well. Such cases were very interesting. These things were set up by nature for the elimination of something which offended the system. Dr. Thomas said that he rarely opened an abscess now; but I think that where matter is fairly formed, we save the patient a vast amount of suffering by putting in the lancet. Medicine might have an influence in causing it to come forward and break through the skin; but there was a difficulty in determining whether it had, and how far it had, that effect. In fissure of the rectum there was a simple expedient which afforded a vast deal of relief; indeed, there were many cases where formerly he should have divided the sphincter, where he now got a cure without. Immediately before the bowels act, let the patient charge the forefinger with lard, and introduce it up the bowel. By this means the ulcer obtains a coating, and is protected against contact with the irritating matter of the fæces. Hydrocele might be relieved by acupuncture after five or six punctures had been made, but it occurred again, and he thought that the radical cure by iodine was that to which we should all resort, to relieve the patient at once and for altogether from so great a nuisance.

Dr. Dudgeon believed that Dr. Bollé, formerly of Paderborn, and now of Aix-la-Chapelle, was the inventor of the plan of dressing wounds with cotton-wool. His idea was that it prevented suppuration of the wound. The plan of treating fissure in ano by dilatation was proposed by M. Maisonneuve, of Paris, and was found both efficacious and immediate in its operation. There was no doubt but that this method of overstretching was painful, and that chloroform ought to be given during the operation.

Mr. Maberley said that in abscess, by keeping up the action of heat, we brought the matter to the surface; then a very small aperture was sufficient to clear off the whole thing. It is very often unnecessary to open the abscess, and the less we interfered with nature the better.

Dr. Black: Before they concluded he would ask the members to do a little to settle the question of dose, between this time and the next meeting of Congress. Let them try, by using dilutions up to 3d, to see whether they could not get the same results as they had done with higher dilutions.

Dr. Dunn, in reply, said: I will certainly do so, for one. I have merely to thank the meeting for their observations on my paper. I think there is no point calling for particular notice. In reference to the antiseptic treatment, you have rather avoided the suggestion as to the use of carbolic acid. Even if you use dry cotton dressing, you will get a layer of pus which, if not offensive, is certainly irritating. (A Voice: "No.") If you try antiseptic dressings for the future you will use no other.

Dr. Drysdale requested that Dr. Dudgeon would take the chair at the dinner.

After a cordial vote of thanks to Dr. Drysdale for presiding during the day, moved by Mr. Pope, seconded by Dr. Holland, and carried by acclamation, the business portion of the proceedings of Congress terminated.

In half an hour after the adjournment of the business session, the members reassembled in another room of the hotel, where an elegant dinner was laid out. Dr. Dudgeon presided, and the company included a number of invited guests. "Dessert having been set upon the table and the glasses recharged," a number of appropriate toasts were drunk, and excellent and appropriate responses made thereto. Everything connected with the occasion passed off pleasantly and heartily, and, on reading the full account in the *Monthly Homœopathic Review*, we become fully impressed with the idea that our brethren of Great Britain know how to have a "good time" fully as well as we of this side the Atlantic.

The business session of the Congress reflects great credit upon those who presented papers and those who discussed them. The papers were decidedly practical, and the discussions had thereon elicited much valuable practical experience. It is almost impossible to conceive of one day's work in the interest of homœopathy being made more practically useful than that which ended with the adjournment of the British Homœopathic Congress.

RHUS VENENATA.

(Report of the Bureau of Materia Medica, read before the West Jersey Homœopathic Medical Society, November 15, 1871.)

BY WALLACE MCGEORGE, M.D., *Chairman.*

BOTANICAL DESCRIPTION.

THE Rhus family has been divided into three classes or groups. *R. typhina* (staghorn sumach), *R. glabra* (smooth sumach), *R. copallina* (dwarf sumach), comprise the first class or group; *R. aromatica* (fragrant sumach), the second class; *R. radicans*, *R. toxicodendron*, *R. venenata*, and *R. vernix*, the third class. The first and second class are not poisonous. The third class is poisonous, every member of the group being noxious and hurtful in a greater or less degree, and *Rhus venenata*, the subject of our proving, is the most pernicious of all.

Rhus toxicodendron (Poison Oak), as described by Linnæus, climbs by rootlets over rocks and stones, and is a low, self-supporting shrub, only two or three feet in height. Its leaves are incised and pubescent beneath, and its stems *erect*.

Rhus radicans (Poison Ivy) is furnished with an immense number of dark reddish-brown radicles, or root-like fibres, which enable it to adhere to trees and other objects, and be thus supported like a kind of vine. The trunk is from five to forty feet in height. When it grows where no object suitable for its support is met with, its height is only four, five, or six feet, and its branches frequently recumbent. The leaves are almost entire and glabrous (smooth), its stems recumbent and creeping. Many writers agree in saying that both remedies have absolutely the same properties medicinally; but a careful comparison of the symptoms of each, as given in the *Symptomen-Codex*, will show that this is not so.

Rhus vernix is originally from Japan and North America, a beautiful shrub or small tree, from ten to fifteen feet, in rare cases even thirty feet high. It was cultivated in some gardens on account of its beauty, but on account of its poisonous character is now discarded.

Rhus venenata (Poison Sumach or Dogwood, called also, but inappropriately, Poison Elder and Poison Dogwood). Gray, in his *Manual of Botany of the Northern United States*, sustained by De Candolle, describes it as smooth, or nearly so; having from seven to thirteen leaflets, which are obovate-oblong, entire; growing from six to eighteen feet high. It is found in swamps, and low, wet grounds, flowering in June, and is the most poisonous species, being poisonous to the touch, even the effluvium in sunshine affecting some persons. This variety is partly described by Linnaeus under *R. vernix*, but American botanists do not so classify or describe it.

At the suggestion of the venerable Constantine Hering, the chairman of your bureau at that time, and also at the present chairman of the same bureau in the State Society,

undertook a proving of this last-named drug, because it is indigenous to our country, and as it promises to be one of our most useful remedies. That the proving is not more elaborate is not the fault of your chairman, who has solicited aid and assistance several times of you individually without avail. In addition to the provings read to-day, your bureau refer you to the following sources for other and corroborative provings,* viz., the provings of Drs. Hoyt and Butman.

The medicine or preparation used in this proving was procured of A. J. Tafel, in Philadelphia, who kindly furnished me with the following account of its preparation: "The *R. venenata* I have was found by Dr. Tenebroek (well known to Dr. Hering), an experienced botanist, and the tincture was prepared by simply pressing the leaves into a jar, and pouring the strongest alcohol on top until it covered the leaves; the proportion in weight being about one to three. The leaves were not pounded, on account of the poisonous character of the plant. We prepare *Rhus toxicodendron* in the same way. The *Rhus venenata* is nearly ten years old; and as, according to Dr. Hering, homœopathic mother tinctures, like wine, improve by age, it is as good or better than that freshly prepared."

First Proving by the Writer.

Aug. 10, 1869, at 11.45 A.M., took 2 or 3 drops of the tincture in water. Prover is of sanguine temperament, medium height and build, about 28 years old, enjoys good health, excepting a catarrhal trouble of the head and a slight indigestion.

Aug. 11. Good spirits; quite cheerful all day.

Aug. 12. On rising, mouth and lips dry; lips sore and swollen, blistered and cracked; it is impossible to keep the mouth moist, getting easier one hour afterward, but coming on again, and lasting all day. 10 A.M., took another dose. Headache of a stupefying nature. 4 P.M., itching of upper lip and chin; tongue and mouth feel as if burnt with acid. 6 P.M., lips and mouth become more

* Hale's New Remedies, N. A. Journal of Homœopathy, and N. E. Med Gazette.

feverish; and 8 P.M., breath feels like steam, it is so hot; lips painfully hot and dry; cannot get them cool; they burn constantly; headache all day, and yet does not feel in low spirits.

Aug. 13, 6.30 A.M. On waking, uncomfortable feeling in mouth and lips; cannot speak distinctly; palate fallen, and feeling as if there was something in the mouth impeding the speech, unchanged by hawking or clearing the throat; lips painful, dry, and swollen to double their natural size; white vesicle on lower lip; tongue red on tip; mouth moist; gums swollen; on drinking anything warm, slight irritation of inner side of lips, gums, and tip of tongue; eyes dull; dull headache; feels rather languid; pulse 72, rather weak; no pain anywhere in body. 8 P.M. Itching of tongue and roof of mouth; lips and tongue feel as if cracked; lips swollen, the upper one the worst; itching in corner of mouth.

Aug. 14. Upper lip more swollen than lower lip; lips and tongue feel as if cracked; lips peel off somewhat; they burn and itch considerably when washing; tongue feels as if scalded, and itches awfully; has to scratch it and rub it with handkerchief; nose itches at night; face swollen; slight headache; dull-looking appearance of eyes; breath hot and feverish by spells, and smelt as if stomach was disordered; feels tired and weary; low spirited.

Aug. 15. Lips worse than ever; upper one most affected; lips black on edges; yellow vesicles on inner side of lips, which break, discharging a thin, sticky fluid, agglutinating them together (12 M.); lips hot and dry, and burning, aggravated by washing in cold water, or touching them with tongue, or when eating anything sour; tongue red, and cracked in middle; face swollen; eyes dull and heavy; languid feeling; itching of hands (fingers and palms) after washing; itching of anus; appetite and excretions normal; pulse 82; when sitting, at 3 P.M., it was normal, 68 to 70; feels worse when the

weather is very hot; cream applied to the lips relieves the burning sensation, but hot applications ameliorate more than all; anus itches terribly towards night.

Aug. 16. On rising, face swollen; lips swollen and covered with a thick skin or crust, that in breaking emits an offensive discharge, resembling that from a sore, thin and sticky; warm water makes them feel comfortable and pleasant; feels low spirited, and disinclined to employ his time in any manner; stools dark, and partly undigested; itching at anus; itching in palm of left hand, and appearance of vesicles on fingers of left hand, itching terribly, aggravated by cold water; insupportable feeling at anus; nose feels sore, as if it was going to peel off; acid food hurts his lips; poor appetite in morning. *Afternoon.* Itching in anus, which becomes exceedingly annoying; relieved temporarily by scratching; lips are getting better, and do not smart so much; warm water relieves them still. *Evening.* Itching of hands continues; vesicles appear on fingers of both hands; shivering for ten minutes when undressing, accompanied with chattering of teeth, followed by heat and perspiration, with drowsiness, but itching at anus becomes so unbearable that he cannot sleep; pinching and pressing affords no relief; brandy applied on a compress affords relief and abates the pain in two or three minutes, but when first applied creates such a terrible burning that he cannot lay still, and almost goes into spasms; restless sleep afterward.

Aug. 17, 3 A.M. Wakes up with the itching at anus, which yields to application of brandy as before; as soon as he feels comfortable, and when falling asleep, the hands begin to itch and prevent his sleeping for an hour; afterwards sound sleep; no dreams at any time through night; lips are better, but still smart a good deal when touching acids; relieved by hot water; tongue cracked in centre, and covered with little white vesicles; inside of lips filled with similar vesicles; appetite good; stools lighter in color, and partly undigested; urine normal;

itching of genitals, especially prepuce; increase of saliva; face less swollen; itching at anus less troublesome.

Aug. 18. Very little itching at anus; troublesome itching and burning of hands and fingers; lips and tongue improving; face looks better, swelling almost gone; slight itching of genitals.

Aug. 19. Intense itching of hands upon awaking and immersing in water, showing, after rubbing, little raised streaks of a yellowish color. (This is composed of patches of little yellowish vesicles, worse between the fingers and in the cracks or lines in the palms of the hands.) Itching worst in the morning; itching on scrotum and prepuce worse; lips, tongue, and anus are more comfortable; pimples on forehead.

Aug. 20. Troublesome itching of the scrotum, penis, and especially of the prepuce—worse on becoming warm (weather exceedingly hot); no trouble with anus, lips, or mouth; hands smart and burn considerably after scratching and rubbing them; pimples on forehead.

Aug. 21. Itching of hands and fingers same as yesterday, showing the same yellow patches previously described; the fingers are much swollen, also the palms; herpetic eruption on forehead, resembling herpes phlyctenoides; itching of scrotum, penis, and prepuce through the day, unchanged by scratching.

Aug. 22. Wakes up during night with itching of the hands; rubs and scratches them until sore; violent burning and smarting, preventing him from sleeping a long time; lips, tongue, and mouth seem all right; no itching at anus; very slight itching on genitals; hands itch violently through day, relieved by putting them in very hot water, as hot as can be borne without scalding; this seems to make the pain felt in the very bones, but relieves for some hours, after a thorough soaking; hands and fingers swollen—cannot wear his ring, which generally is too large for him; the skin appears raised in ridges of a yellow color, puffy to the touch, the other skin on hands

appearing red; hands become sore from severe rubbing, and vesicles appear between fingers.

Aug. 23. Itching on rising, same as for three or four days; cold water allays a little for the time being, but the itching and stinging can be felt very distinctly; yellow, puffy ridges on palms of hands; skin on forehead appears rough; profuse secretion from right nostril of a thin, ichorous fluid.

Aug. 24. Wakes up at 4 A.M. and has to rise and wash hands, in order to allay the itching, rubbing only making it worse; itching of hands during day; skin on forehead not so red, nor so rough; secretion from right nostril slightly excoriating; no discharge from left nostril, which is stopped up.

Sept. 1. Gradual abatement since the 25th ult., skin peeling off fingers and palms.

Sept. 5. Skin still peeling off hands.

Sept. 10. Skin peels off most, and began to peel when the vesicles were on fingers and palms; stools black as pitch, and hard; no unusual smell.

Sept. 11. Same condition.

Sept. 12. Skin peeling off slowly; stools black as before, soft, and rather putrid; bowels move twice.

Sept. 13, 14, 15. About the same.

Sept. 16 to 24. Skin still peeling off; nothing else unusual observed.

Second Proving.

Oct. 12, 1869. Passed a swamp wherein *Rhus venenata* grows, the sun shining quite warmly at the time: had frequently passed the same swamp before taking the *Rhus venenata* without observing any effects: this evening had considerable itching of the penis and scrotum.

Oct. 13. Passed a restless night, lying awake to scratch; lips feel uncomfortable; in the morning, lips are much swollen; breath is hot and feverish, almost like steam, and tongue is covered with little vesicles on tip; intense

itching of genital organs. 12 M. Itching continues unaltered; warm water ameliorates; fine eruption around neck of penis; intolerable burning and itching of whole genital organs; intense heat of penis, especially on the glans; lips swollen; breath hot. 7 P.M. Itching on genitals becomes unbearable; relieved by warm-water cloths applied to parts; after an hour's constant application, the itching almost entirely disappears; the water has to be changed frequently, and can be borne up to boiling heat; prepuce considerably swollen; back becomes covered with blotches; itching is excited or brought on by exposure to the cold air; gentle scratching relieves the burning and itching on the back; later the blotches disappear, the back becomes covered with ridges, and a fine, pale-red rash appears.

Oct. 14. Itching occasionally on penis and scrotum, through the night; itching on back is brought on in a moment by cold air blowing on it; prepuce very much swollen, as also glans penis; desire for an embrace, but the itching and burning is so severe that he cannot complete the act; his wife complains of a terrible prickling and burning in vagina after coition, lasting several minutes; face much swollen; shining, glistening appearance; lips peeling off; nose itches severely; vesicles on lips and face emitting an odor similar to a sore (same as on Aug. 16); desire to rub face continually; hot water relieves, and causes peeling of the skin; general health good; appetite fair; stools and urine normal; pulse 78, and regular; tongue redder than usual; breath hot, but not unpleasant nor offensive.

Oct. 15. Abatement of all the symptoms.

Oct. 16 to 25. Symptoms become lighter and pass entirely away.

Third Proving.

Next summer (1870), in passing a swamp where some *Rhus venenata* grew, became again poisoned; symptoms similar to those in second proving, but not quite as violent.

Fourth Proving.

In June, 1871, in preparing some of the *Rhus venenata* for a man who had been poisoned with *Rhus radicans*, touched my finger accidentally to the cork of the vial. Next day I was completely poisoned, and the symptoms ran a course similar to that of the first proving; the itching being worse on the hands, genitals, anus, lips, mouth, and nose; hot water afforded great relief, and *Clematis erecta* 2° cut the disease short, but did not prevent the skin peeling off the hands.

Fifth Proving.

In preparing some of this medicine for some provers, in the second and third attenuations, became again affected in a manner like that described before.

In all the provings, the itching was worse on the cuticle and mucous membrane; hot water always relieved the itching; appetite good, more than usual; dyspeptic troubles, or belchings after meals, very much better; the catarrhal trouble was less also. *Pulsatilla*, *Croton tiglium*, *Rhus toxicodendron*, and *Clematis erecta*, were taken as antidotes during the third, fourth, and fifth provings, but the last named seemed to exert the most beneficial effect. Previous to proving or taking this remedy, was never subject to *Rhus* poisoning; could pull up the *Rhus radicans* and other poisonous vines without observing any effect, but now is very susceptible to their influence, and poisons very readily.

Sixth Proving.

Aug. 12, 1869. Miss F., æt. 22, took two drops of the tincture; next day a slight itching of hands and lips; second day, itching of hands and body, as well as face; face swollen; eruption on corner of mouth; became alarmed, and took no more of the medicine, and did not record any other symptoms.

Seventh Proving.

Miss L. H. G., æt. 18 years; full-grown woman; sanguine temperament; took three drops of the first attenuation of *Rhus venenata*, Oct. 25th, 1871.

Oct. 27. Pain at umbilicus, with diarrhœa; creeping sensation on face and arm; itching of face in the evening; particularly the lips.

Oct. 28. Pain in bowels, with diarrhœa; itching of upper lip; stretching and tired feeling; blue finger nails; skin feels cold, similar to the way some persons describe their feelings when they have a chill, lasting one hour; never has had a chill.

Oct. 29. Low spirits; itching of face and lips, and somewhat of fingers and lower limbs; chilly, creeping sensation over scalp.

Oct. 30. Drawing pain in lower part of left side; considerable headache; itching of face, particularly the nose, and some on lower limbs; a little pain in sacrum.

Oct. 31. Symptoms slight; some itching of lips and lower limbs, with slight frontal headache.

Nov. 1. Slight lancinating pain in sternum and right leg; fever-sore on mouth.

Clinical Observations.

In June, 1871, Josiah II., æt. about 40, came to me poisoned with a running vine, as he called it, while he was clearing off some land; probably the *Rhus radicans*. He was in a deplorable condition, and from his symptoms I concluded *Rhus tox.* 2^e would relieve him. In three or four days he returned, without improvement. On account of the intolerable itching on lips, mouth, and privates, gave him *Rhus venenata* the first, which in five days removed the trouble entirely. In preparing his medicine I became poisoned myself, by simply touching the cork of the vial.

Frank S., æt. 13 years, presented himself, Nov. 2d, 1871, nicely poisoned by using some *Rhus toxicodendron* sticks to make "snoods," or rabbit traps. He used considerable force with his hands in driving the stakes, and a day or two afterward the poison began to manifest itself, eruption appearing on face, hands, genitals, and thighs; red, rough, and resembling that produced by *Rhus tox.* in provings, the corners of the mouth being in a scab; itching unbearable. Gave *Rhus tox.* 2^o; no improvement.

Nov. 6. Eruption much worse; cannot sit still; has to scratch himself continually; warm applications relieve. Gave him *Rhus venenata*, second centesimal, two drops every three hours, and continued warm applications. In twenty-four hours some relief; in forty-eight hours great relief; in seventy-two hours itching entirely gone, and eruption disappeared from genitals and thighs. In five days hands are well, and scabs come off of face; feels comfortable; experiences no discomfort anywhere. In eight days, skin all peeling off on face where scabs were, and poison apparently almost entirely removed from his system.

POISONING BY COCCULUS.

TRANSLATED BY S. LILIENTHAL, M D.

A YOUNG man, in a fit of dementia, took *cocculus* in order to shuffle off this mortal coil. One or two hours afterwards severe tonic and clonic convulsions set in, with severe contortions, and shocks of the extremities, and danger of suffocation; the teeth, compressed by trismus, bit the protruding tongue; bloody foam stood before mouth and nose, which was expelled by every expiration. The whole body was in a state of tetanic stiffness, alternating for moments with convulsive shocks, and covered with cold perspiration; pupils dilated, with fixed look; consciousness momentarily gone; pinching the skin immediately produced convulsive shocks; pulse normal, neither quick nor disturbed in its rhythmus; the beat of the

heart quiet ; neither vomiting nor diarrhœa. Death soon ended the scene.

The above case, reported by Dr. Angelo Poma in the *Gaz. Lomb.*, gives the most decided and clear picture of an epileptic paroxysm, and we receive thus a most significant therapeutic hint not to neglect *cocculus* in epilepsy. — *Hirschel's Klinik*, Aug. 1, 1871.

[Orfila's toxicological researches led to the same results (*Teste*, 337) ; and dogs, into whose stomachs several grains of pulverized *cocculus* had been introduced, and whose œsophagi were afterwards tied, to prevent vomiting, died in half an hour, in the midst of frightful convulsions. Hughes (*Pharmacodynamics*, 224) remarks, that this poison influences the motor tract of the cranio-spinal axis from the corpora striata to the cauda equina, and that it acts more on the voluntary muscles than on the intellectual powers.

On the other side, it is now generally acknowledged that the irritability of the motor nerves, showing itself by convulsions, as we see it in epileptic paroxysms, is induced through the medulla oblongata, and through those parts of the brain lying at the base of it (Niemeyer, Kussmaul, Van der Kolk). The homœopathicity of *cocculus* to epilepsy is clear, especially in recent cases, where it rivals *ignatia* ; or in hereditary epilepsy, when material disturbances of the cerebro-spinal system are not the cause of it.

In Jahr's *New Manual*, p. 559, vol. 1, we read, that in animals killed with *cocculus*, the abdominal veins were found turgid with blood ; fluid, blackish blood in the heart ; brown-red blood in the left ventricle.

Kussmaul and Tenner's experiments demonstrate that, by closing up the arterial circulation, epileptiform convulsions may be produced, and an arterial anæmia of the brain may in some cases be the prime cause of epileptic spasms.

Among the symptoms of *cocculus* we find : vertigo, when raising himself in the bed, and inclination to vomit, obliging him to lie down again ; cloudiness of the head, mostly increased by eating or drinking (tendency of the blood more to stomach and abdominal organs, leaving the brain in an anæmic state) ; sensation of emptiness in the head ; paroxysms of nausea, with tendency to faint, &c.—all symptoms indicating an anæmic state of the

brain; and, by taking everything into consideration, we have no doubt that there must be cases of epilepsy where cocculus will be the similitum, although we find it hardly recommended in any of the standard works of our literature.—S. L.]

LITHOTOMY IN THE FEMALE.

BY J. H. McCLELLAND, M.D.

THE distinguished Southern surgeon, Prof. Paul F. Eve, M.D., of Nashville, has recently published “A Synopsis and Analysis of One Hundred Cases of Lithotomy, Lithotripsy,” &c., which he claims to be the most complete synopsis of such cases ever made, at least in this country.

Out of this hundred cases but four are females, which would indicate about the relative frequency of urinary calculi in women. This is obviously due to the fact that the female urethra is short and dilatable, hence offering more ready means of escape to the concretions, which in the male are retained, and increase almost indefinitely. It is well known that calculi of considerable size are sometimes spontaneously expelled from the female bladder. Of the four operations performed and described by Dr. Eve, the 1st was on a negro woman, aged 24. The operation was by vesico-vaginal section; large calculus, and speedy recovery.

2d. A little girl, aged 5 years; bilateral operation; calculus weighing one and a half drachm, and speedy recovery.

3d. A girl, 4 years of age; bilateral operation; calculus weighing over an ounce; good recovery, with some incontinence.

4th. A lady, aged 40; vesico-vaginal section; two calculi, weighing together an ounce and a half; good, although not perfect recovery. In this case, it is proper to remark, there existed a vesico-vaginal fistula previous to the operation.

It is worthy of note, that Prof. Eve prefers the bilateral operation in the male over all others, as may be inferred from the fact that 87 out of his 100 cases were by this method, and of these 8 died. And although he says his "success with it is as good as that ever accomplished by any other method," Gross out of 80 cases by the lateral operation lost but 4; Zett out of 105 cases lost but 3; and Martineau out of 84 cases lost but 2. It is not my intention, however, to speak of the relative merits of these different methods, but only to refer briefly to the operation in the female.

Dilatation is readily accomplished, but its liability to be followed by incontinence has rendered it unpopular with most surgeons. The same may be said of vesicovaginal lithotomy, although Dr. Eve practiced it in several of the cases noted above. A fistula is very apt to remain, and hence it is seldom justifiable.

Crushing the stone I should not think a desirable method, especially if the bladder or urethra were much inflamed and irritated, as in the case detailed below. The small fragments produced would certainly increase the existing inflammation.

With a view to preventing incontinence, some recommend that the anterior half of the urethra be divided, and the neck of the bladder dilated; or that the neck be divided, and the anterior portion dilated; but the operation most generally accepted as the best in every respect is the sub-pubic. There is nothing to be feared from hemorrhage, incontinence rarely ever follows, and it is simple and easy of execution.

The following case is given in illustration, and as an addition to the meagre statistics of lithotomy in the female.

Mrs. B., aged 65; has suffered with symptoms of vesical inflammation for a year or more past; gradually growing worse. About six months ago my esteemed colleague, Dr. L. M. Rousseau, took charge of the case. The symp-

toms were those of aggravated cystitis; extremely painful urination, with vesical tenesmus; urine bloody, at times passing a quart of what appeared to be a mixture of blood, mucus, and pus. Digestion was poor, and bowels constipated. The Doctor soon recognized the presence of stone in the bladder, and proceeded to relieve as much as possible the inflamed and ulcerated condition preparatory to an operation, which he deemed would be necessary. He succeeded in relieving the patient in great measure, but still aggravations of the symptoms would constantly recur.

November 18th, Dr. Rousseau invited Dr. W. R. Childs and myself to an examination of the case, when it was decided to operate immediately, he kindly designating me to take charge of the operation.

November 22d. With the assistance of the above-named, and Dr. J. C. Burgher, the patient was placed under ether, aided by chloroform, and the bladder carefully sounded to ascertain the probable size, character, and situation of the calculus. A straight, grooved director was introduced, and with a probe-pointed knife an incision was made, not directly upward toward the symphysis pubis, but a little to the left of the median line, dividing the urethra in its whole length and the neck of the bladder. The finger was now introduced, and with the assistance of a glass rectal dilator (such as was exhibited at the last meeting of the American Institute), the opening was made sufficiently large to introduce the finger readily. With the lithotomy forceps one of the calculi was grasped, and partially crushed in extraction, although the whole of it was retained within the forceps. The second calculus was more difficult to get hold of properly, but was withdrawn without being broken. Each calculus was as large as a good-sized hickory nut, and was mainly composed of phosphate of lime.

Careful examination showed the bladder to be now free from foreign substances; the mucous membrane was much roughened and apparently ulcerated. The bladder was

syringed with warm water, to which a little calendula had been added. Hemorrhage was insignificant.

The patient rallied very well from the anæsthetic, but suffered considerably from nausea, made worse on account of the deranged state of her stomach which existed previously.

Arnica was given internally every two hours.

Urination was still attended with pain and tenesmus, and occurred about once every three hours.

December 20th. The after-treatment has been skilfully conducted by Dr. Rousseau, and from him I learn that the muco-purulent and bloody discharge has almost ceased; urination is still attended with some pain. There is no incontinence. Since the operation the patient has suffered much from gastric derangement, and had an attack of cholera morbus, followed by dysenteric symptoms. Notwithstanding these delaying circumstances, her health is gradually improving. Her age makes progress in this respect necessarily slow.

The operation may very properly be regarded as successful.

TREATMENT OF FRESH WOUNDS WITH CAUSTICS.

TRANSLATED BY S. LILIENTHAL, M.D.

BONNET, Mercier, Bourgade, and others praise the successes achieved by cauterizing fresh wounds, inasmuch as thus pyæmia and erysipelas will be prevented, and suppuration kept in strict limits. Billroth used for that purpose liquor ferri sesquichlorati diluted with equal parts water, or a watery solution of chloride of zinc (1 to 12). In one case a vein was destroyed by the caustic, and severe hemorrhage ensued. Experiments on animals were then made, with the following results:

1. Veins, though lying bare, if not exposed to new injuries, remain open, and produce granulations from the whole extent of their walls.
2. Carbolic acid, dissolved with equal parts water, destroys the walls of large veins.

3. The same is the case with a watery solution of chloride of zinc (1 to 12), or with liquor ferri, even when diluted with six times its quantity of water.

4. Liquor ferri, diluted with eight times its quantity of water, produces thrombosis of smaller veins.

5. The vein whose walls are cauterized remains open, which increases the danger of secondary hemorrhages and of embolic processes; as small coagula form on the internal surface of the necrotizing wall of the vein.

It is therefore dangerous to cauterize wounds where large veins lie on the surface, neither is erysipelas prevented; and Billroth found, also, that suppuration is neither diminished by it nor the traumatic fever shortened. —*Archiv für Klin. Chirurgie*, Bd. 12.

NINE CLINICAL CASES.

BY R. M. THEOBALD, M.D., OF LONDON, ENGLAND.

CASE 1. Charlotte S., æt. 5; August 31, 1871; (Greenwich). Out of sorts some time, and has had for three weeks a painful and inflamed gathering in the right ear; was first in the left; matter and blood are discharged from it. Shooting pains run through the ear, especially at night, preventing sleep often, and making her toss restlessly; rather deaf in left ear. If the ear gets well, has styes on the eyelids or eruptions at the root of the nose. Has now a gathering at the root of the nose, under the septum, and a styne on left lower eyelid. (Latest symptom. Berridge's Rep. points to *Colech.*, *Phos.*, and *Rhus* for this.) No appetite; especially dislikes meat. Constipation. Phosphorus^{em}, six doses in two days.

September 6. After taking the medicine, a gathering formed in the left ear again, but she nevertheless became better. Now both are gone, as well as all the other eruptions nose and eye. Appetite and relish for meat returned. Constipation gone. Quite well.

CASE 2. Wm. P., æt. 40; married; May 12, 1871. Constant dull burning pain in left hypochondrium, and pain

across the loins as if broken; worse if he lies on affected side. *Ratania*³⁰, three times to-day.

Was so far relieved (not cured) of the pain that he remained without treatment till August 4, when he returned, complaining of the same pain and loss of sexual power. I gave three doses (same day) of *Coccus cacti*^{cc}, which entirely removed the pain.

CASE 3. Mrs. B.'s baby, æt. 15 months; August 29, 1871. Diarrhœa; yellowish-green motions; a little griping before them; slight tenesmus; flushed; dry heat; thirst; restless; cutting teeth. *Acon.*^{cc}, two doses in two hours.

August 30. Nearly well, and became quite well a day after without any other medicine.

CASE 4. Mrs. D.'s baby, æt. 3 months; August 25, 1871. Diarrhœa. Given over by the medical attendant (a drencher of the old school, who had given brandy and drugs with the result of only making the child worse). Frequent green and brown motions; seems in great pain when moved; thirst; mouth sore; can scarcely suck; straining; protrusion of rectum; deadly pale, clammy cold face; any movement brings on pain and diarrhœa; flatulence, which bubbles and rises noisily; worse in morning; restless sleep, with moaning and eyes half closed; eyes wild-looking. *Colocynth*^{cc}, two doses in two hours.

August 26. Better; motions better quality; still strains, and rectum protrudes; tongue thickly coated white. *Antimon. c.*^{cc}, one dose.

August 27. Improving; less flatulence; tongue cleaner; diarrhœa less frequent and painful; still green and a little straining. *Podophyllum*^{cc}, one dose.

August 28. Very much better; only a tinge of green in the motions; still pain in the stomach; relieved by warm poultice over the abdomen. *Pod.*^{cc}, one dose.

August 29. Better; empty straining and protrusion of rectum (an old complaint before present attack) and a

little blood passed; frequent passage of flatulence; sometimes flushed. Sulphur^{ac}, one dose.

August 31. Not so well; watery, green, frothy, offensive motions, with offensive flatulence and straining; wind after food; less appetite. Magnesia carb.^{ac}, one dose.

September 2. Nearly well, but vomits food; very much rumbling of flatulence. Ferrum^{ac}, one dose.

September 4. Quite well.

CASE 5. Adeline D., æt. 2½; sister to the above.

August 28, 1871. Brown watery diarrhœa; complains of pain in back and stomach; vomited on 26th; wants things which, when offered, prove to be wrong. Pod.^{ac}, two doses.

August 29. Better; less diarrhœa and green; more appetite; tosses in sleep. No medicine.

September 4. Has been pretty well, but this morning had a loose motion; had vomiting in the night, which continues all day; brings up green and yellow water; no pain; lies in nurse's arms. Sul.^{ac}, one dose.

September 5. Quite well.

CASE 6. Harriet Setton, æt. 4½.

July 14, 1871. Right eye bloodshot; lachrymation often; *it aches always when she lies down to go to sleep*; agglutination in the morning; irritable; water turbid; had jaundice two or three years ago; has had "drops" for her eyes; always thirsty; sweats often in head, face, and neck (exposed parts). The symptom in italics indicates (Berridge's Rep.) Coloc., Con, Lycop., Natr. c. Conium^{ac}, three doses, two hours apart.

July 18. Eye nearly well, and all the symptoms better. The child got well without repeating the dose.

CASE 7. Emma Coton, æt. 16.

July 14, 1871. Weakness; pain almost constant under right scapula; vomits green bile every morning; frontal headache; bad sleep; catamenia appeared only once, seven months ago. Chelidon²⁰, three or four doses.

July 18. Sickness ceased; head and sleep better; pain

under scapula not altered, worse sitting; no appetite. *Sac. lac.*

July 21. Better; less pain and more appetite. *Sac. lac.*

July 28. All the pain gone; frequent frontal headache; no return of catamenia. Puls.^{co}, one dose.

August 4. Nose bled three times last week; headache often, with aching in the eyes; well else. Bry.^{co}, three times to-day. Patient has not returned.

CASE 8. Eliza Brown, æt. 46; married.

August 4, 1871. Pain at epigastrium, like a weight, constantly present; worse after food, especially meat; sinking immediately after food; weight over the eyes; tongue looks clean, but feels foul; bad acid taste; no relish, but can take food; thirst; catamenia every fortnight, black, coagulated, profuse; very much *milky* leucorrhœa, with itching of vulva and backache, especially before and after the catamenia; water reddish; flow often interrupted; flushes. Ammonium carb.^{co}, three times to-day.

August 8. All the symptoms better; the weight seems to be raised higher up than the epigastrium; water better quality, and does not intermit. *Sac. lac.*

August 15. Much better; has had a burning heat all over the body, but this has ceased; very little leucorrhœa. *Sac. lac.* Cured without repetition of the medicine.

CASE 9. Mrs. G.; widow, æt. 50 or more.

August 24. Violent diarrhœa; frequent watery motions, almost black; renewed by any food or drink; excessive soreness and smarting of anus; pain in loins; very weak; faint with and after stool; the great soreness at anus and my knowledge of her as liable to erysipelatous eruptions about face and ears, decided on Apis^{cm} one dose.

August 26. Diarrhœa ceased, and all symptoms better; a violent dragging pain in sacrum, going to the back of thighs and legs, relieved by warmth, by lying on it, or by drawing up the legs; removed by one dose of Rhus^{co}.

PUBLICATIONS RECEIVED.

ANNUAL RECORD OF HOMŒOPATHIC LITERATURE: 1871. Edited by C. G. Raue, M.D., and Assistants. Boericke & Tafel. pp. 255.

This second volume of condensed homœopathic serial literature, though less bulky than the first volume, is, nevertheless, replete with matter valuable to the practitioner of homœopathy. The following periodicals have been "boiled down" to furnish its contents: *Allgemeine Homœopathische Zeitung*, 1870; *Neue Zeitschrift für Homœopathische Klinik*, 1870; *British Journal of Homœopathy*, 1870; *Monthly Homœopathic Review*, 1870; *Homœopathic World*, 1870; *North American Journal of Homœopathy*, 1870; *U. S. Medical and Surgical Journal*, 1870; *American Homœopathic Observer*, 1870; *New England Medical Gazette*, 1870; *Medical Investigator*, 1870; *Ohio Medical and Surgical Reporter*, 1870; *Western Homœopathic Observer*, 1870; *Hahnemannian Monthly*, 1870; *American Journal of Homœopathic Materia Medica*, 1870; *The Homœopathic Quarterly*, 1870; *Transactions of the American Institute of Homœopathy*, 1869; *Transactions of the Homœopathic Medical Society of the State of New York*, 1869; *Transactions of the Homœopathic Medical Society of the State of Ohio*, 1870; and such extracts from the French and Spanish journals as have appeared in other periodicals. The arrangement of the work is similar to that of last year. The "*Materia Medica*" portion, which comprises 45 pp., has been arranged by Dr. Hering; that on "*Practice*," which is included in 172 pp. (and gives a synopsis of all cases of interest appearing in the periodicals collated from in a more or less condensed form), by Dr. C. G. Raue; the part relating to "*Surgery*," and which comprises 18 pp., by Dr. Macfarlan, of Philadelphia, and the chapter on "*Eyes*" by Dr. T. F. Allen, of New York; the whole being under the supervision of Dr. Raue. The "*Directory*" which appeared with the volume issued last year, has been omitted from this publication, but we have a list of the homœopathic publications which appeared in 1870, and from which we learn that fifty different works were issued during that year, the greater part of which may safely be called valuable additions to the literature of the school. A very complete *index* of subjects, medicines, and authors, supplements the volume, and serves as a guide to its valuable contents. It is a noteworthy fact that Hahnemann's name appears but once in the list of authors. In concluding our notice of this publication, we cannot do better than quote and indorse the sentiments of the editor, so pithily put in his Preface: "Little need be said." "It cannot contain more than has been given in the journals, neither can it help anybody who does not use it." "For myself, I should not like to be without it, as it is impossible for any one to retain (in the memory) all the good things that have been offered during the entire year, so as to have them on call in the hour of need."

The publishers of the *Annual Record* have produced this volume in excellent style. It is uniform with the first volume, and is printed with clear type on fine white paper. Messrs. B. & T. deserve the thanks and

encouragement of the profession for again presenting them with so useful a volume. The work, although hardly advertised as yet, is already meeting a large sale.

BOERICKE & TAFEL'S QUARTERLY BULLETIN OF HOMŒOPATHIC LITERATURE, although a publisher's advertising sheet, is worthy a passing note as a publication of no inconsiderable value to those who take pride in having a complete collection of works on homœopathy. There is being given gradually the titles, and in many instances a short account, of the various publications of our school, of the earliest and latest dates, with prices at which they can be obtained annexed; and, by and by, this list will be completed. We would advise our readers, therefore, to save their numbers of the "Bulletin," and they may some day find them "very handy to have in the house."

A large number of valuable publications are on our table, and will receive proper attention in our next issues.

EDITORIAL NOTES.

PERSONAL. MARRIED. FECHTIG—MCHENRY.—On October 10th, 1871, at the residence of the bride's father, by the Rev. Father Ryne, assisted by the Rev. Father Damer, James A. Fechtig, M.D., formerly of Hagerstown, Md., to Bettie, second daughter of J. J. McHenry, Esq., of Cumberland, Md.

BETTS—CORSE.—On the 14th of November, 1871, by Friends' ceremony, at the residence of the bride's mother, Furley Hall, Baltimore, Dr. B. Frank Betts, of Philadelphia, to Lucy C., daughter of the late William Corse.

DICKERMAN—GLIDDEN.—At Stoneham, Mass., January 4th, 1872, by Rev. Dr. Fairchild, Silas B. Dickerman, M.D., of Abington, Mass., and Sue R. Glidden, of Salem, Mass.

REMOVALS. DICKERMAN.—Dr. S. B. Dickerman has removed from Ipswich, Mass., to Abington, Mass.

ANGELL.—Dr. E. P. Angell has returned to Galveston, Texas, and resumed partnership with his father, Dr. James Angell.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. MCCLATCHEY, M.D., SECRETARY.

THE January meeting of the Society was well attended and interesting. The President, Dr. Jacob Jeanes, occupied the chair.

The minutes of the December meeting were read and approved.

THE SECRETARY called the attention of the Society to the fact that the annual meeting of the State Society would be held in Harrisburg, February 7th and 8th, and asked that the Society appoint delegates to that

meeting. The following gentlemen were thereupon appointed: Drs. A. R. Thomas, H. N. Guernsey, P. Dudley, H. N. Martin, W. M. Williamson, S. R. Dubs, O. B. Gause, M. Macfarlan, and C. H. Haeseler. The Secretary was authorized to add such others as he might see fit.

Dr. B. W. JAMES, Scribe, then made his usual monthly report, which was as follows:

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

DIAGNOSIS OF DISEASE OF THE OVARIES.—Dr. John Epps, of London, in a recent work on Ovarian and Womb Diseases, claims as a characteristic sign of disease in an ovary, that the nipple of the breast on the same side as the affected ovary is drawn in.

He says that swelling of the breast is the earliest indication of ovarian disease, and where the indented nipple is noticed, it is a diagnostic mark. He gives over thirty cases in support of his assertions. He states that the symptom of wind escaping from the womb, which some females complain of, is a frequent accompaniment of ovarian trouble. Another auxiliary sign consists in a varicose condition of the veins of the thigh and of the affected side; like the last symptom it is not always present.

He thinks that where a mother cannot suckle her infant, either from indrawing of the nipple, or from the milk vessels not being able to afford a supply of the lacteal fluid, we should suspect ovarian disease, and make our investigations accordingly. He intimates that miscarriage and gathered breast, or little knots in the breast, are concomitants of a diseased ovary in some instances.

In one case, where there was the natural projection of the nipples, he found great tenderness and swelling at the left side in the ovarian region, and a history of her case revealed the fact that, soon after marriage, she fell against a barrow, striking herself in the region of the left ovary. Nine months before consulting Dr. Epps, the left nipple had disappeared, and remained some time invisible, and then had more lately assumed its normal prominence.

NURSING AXIOMS.—Dr. Epps thinks that, as suckling of the infant by the mother is a health process, women who have milk for the infant, and do not nurse it from their own breasts, inflict an injury upon their own systems.

That when royalty, and we may add fashion, transfers the suckling of the child to another mother's breasts, it is wrong, and is opposed to the law of nature which the Creator has laid down.

Every woman should suckle her own offspring if able. If unable, she should consider this abnormal condition as dependent upon disease of the ovaries, either not fully developed, or else fully manifested, and that she should have medical treatment.

Healthy women have healthy breasts, and no pain when the monthly periods recur.

ADVANTAGE OF A LARGE MOUTH.—An elderly female with a short inferior maxillary and a large mouth, and entirely toothless, came into my office recently, declaring that she had partially swallowed a piece of bone in some meat she had just partaken of. She pointed to the part of the throat where she said it had lodged, and desired me to put my finger down her throat and feel it. Being able to get my hand in her mouth, I did as she requested, knowing I could not get bitten. Upon placing my finger on a torn spot in the mucous membrane of the right side of the throat, she declared that that was it, and for me to take it out; but there being no hard substance there, I moved my finger freely about the throat, but found nothing else of an abnormal nature. Finding the palate and throat free from sensitiveness, I was enabled to run my finger over the tonsils, and behind the palate, and around over the pharynx, and then down again over the abraded mucous membrane, below the right tonsil; and then to make the best of an unusual opportunity for a digital exploration of the parts, I passed my finger down and over the epiglottis, and then into the œsophagus, when it was firmly grasped by that appendage, while the muscles of the pharynx gave evidence of a desire to swallow the entire hand, when I withdrew it. After assuring her of the non-presence of the bone, she still wished me to repeat the digital examination of her throat, which I did for her special comfort and satisfaction.

ODD SYMPTOMS.—1. A child about three years of age had a copious flow of purplish saliva during an attack of angina of the left side, in which spasms ensued with opisthotonos. Plumb. met. was the nearest indicated remedy which has "increased secretion of saliva which has a bluish color." But the other symptoms called for Bell., and I did not regard the peculiar symptom a key-note or characteristic.

2. A boy about ten years of age, had blue urine, like indigo. It made a blue stain on the linen that would not come out with persistent washing. Ind. has urine of a "dark violet color, or assumes a bluish tinge after standing." The other symptoms called for Ars., and it disappeared under that remedy.

A married lady complained of a sensation as of very fine delicate wires or fibres pulling and continually in motion, all down both arms from elbow to hand, but no twitching or movement of the muscles. Gave Cocculus, it corresponding to the totality of the symptoms rather than the one.

ANIMAL DIET IN TYPHOID FEVER.—In the *Virginia Clinical Record*, for January, 1872, fifty cases of typhoid fever, allopathically treated, are reported, which occurred at the Great Bend Tunnel, West Virginia, all of which were as far as possible fed on sweet milk, beef soup, or chicken soup, milk being given in large quantities, two or three pints per day in some cases, and was most agreeable to the patients, and produced no perceptible injurious effects. Thirty-two of these were whites, none of whom died. Of the eighteen negroes, three died during

the disease, one from neglect two months after the fever, and another, when convalescent, after travelling several hundred miles, had a relapse which proved fatal. Hydrochloric acid was the remedy which was most administered internally. The blacks were not as cleanly as the whites, nor did they receive as good nursing. The average duration of the fever was about three weeks, and there was less trouble from diarrhœa than is usual in typhoid fever. There were few relapses, and the patients gained strength more rapidly than usual.

A FOREIGN BODY IN THE BRAIN FOR YEARS—A case is on record where a man in 1850 was shot in the head, a ball entering above the right ear. For a time he had weak memory and disturbed vision; these disappeared in time, and a pain in the back and inferior extremities followed, the right being mostly affected, and sneezing or coughing caused the painful sensation to extend to the head. Nineteen years afterwards he died of pneumonia, when a post-mortem examination discovered two pieces of lead in the brain, with a splinter of bone between them, located on the border of the tentorium. A piece of bone was also found in the brain, at the bottom of a short abnormal canal which extended into the substance of the brain.

A TAPE-WORM IN AN INFANT ONLY FIVE DAYS OLD.—Dr. Samuel G. Armor reports such a case in the *Boston Med. and Surg. Journal*, January 4th, 1872. The infant had never taken any food but the breast-milk of the mother. On the fourth day trismus and tetanic spasms supervened, apparently from intestinal irritation. On the fifth day, the child being under allopathic treatment, a purgative was administered, and two segments of a *tania solium* were evacuated; the following day three more segments came away, the next day another, and the next day still another, two days after another segment. Five days afterwards four more were passed. The microscope revealed the characteristic marks of *tania*, with the eggs of same size as those of specimens from adults. Two months after parturition, the mother, although having no symptoms of tape-worm, was put upon the pumpkin-seed treatment, when she passed over seventy pieces of tape-worm in less than twenty-four hours.

THE SECRETARY exhibited a calculus removed from the human bladder by Professor Malcolm Macfarlan, and which was claimed to be the second largest calculus in the city. He suggested that Prof. M. should give the details of the case.

Dr. MACFARLAN thereupon gave a brief account of the operation, and stated that the patient was doing well. The stone, which was nearly oval, measured $8\frac{1}{4}$ inches in its large circumference, $5\frac{5}{8}$ in its short circumference, and weighed over $4\frac{1}{2}$ oz. troy weight. The patient was a man aged 28 years. Fusible calculus, mostly phosphate of lime.

Dr. S. R. DUBS related a case in which stone was diagnosed by prominent surgeons, and an operation advised. Coming under his care the patient had first Aconite, and afterwards Conium, the administration of

the last named being followed by the discharge from the bladder of large quantities of spiculæ of phosphate of lime, which were voided with the urine. The patient lived fifteen or sixteen years after this, and then died of dropsy.

Dr. PEMBERTON DUDLEY, then read a carefully prepared and thoughtful paper entitled "Homœopathy Misapplied," which was listened to with marked attention. (See page 297.)

The reading of the paper was followed by a discussion.

Dr. H. N. GUERNSEY, said that he had never felt the influence of allopathists or of homœopathists, spoken of by Dr. Dudley. When he accepted the homœopathic law as a truth, as a law of nature, as true and as universally applicable as the law of gravitation, he felt no desire to go outside of homœopathy in the treatment of his cases, and felt no fear of being charged with inconsistency, for he was never inconsistent with his belief. He thought Dr. Dudley's paper a hard one to be discussed, as the Doctor was not willing to take individual experience as sufficient proof for anything, and he did not like being tied down by the phrases he had made use of, such as "functional" and "non-functional." But he would nevertheless give some of his experience of the homœopathic law in cases in which others might feel like going to things outside of homœopathy for treatment. Suppose a tooth has been extracted, and bleeds, and bleeds so that nothing that can be done will stop it. A homœopathic physician—a real homœopathic physician—is sent for, and he sees some symptoms, in the character of the blood or in the condition of the patient, which point him to a remedy which stops the flow of blood at once. In uterine hemorrhage too, and occurring from the causes mentioned by Dr. Dudley, the law of the similars leads to the selection of a medicine which will restore order and stop the hemorrhage at once. He (Dr. G.) does not care about coagulating the blood to arrest the hemorrhage, for the hemorrhage occurs because the system is in a condition of disorder, owing to some morbid influence, and the remedy he selects overcomes that morbid influence, restores the system to order, and the hemorrhage then ceases. Disease is the consequence of some morbid influence working in the system, and means that the patient is not at ease. When there is no morbid influence the system goes on harmoniously in its action, and the patient is in health. This morbid influence shows itself in a great many ways, and when it is overcome by the influence of the homœopathic remedy, then the patient gets well and is placed at ease. In the case presented to-night by Dr. Macfarlan, surgery came in most brilliantly to remove the calculus from the bladder, which acted as a foreign body, and the law of the similars came in most brilliantly afterwards, to bring about the cure completely. He hoped the time would soon arrive when the law of the similars would be universally acknowledged as the only law of cure, and most complete in its applicability for the treatment of all classes of disease.

He would remark in conclusion, that in regard to the mention made by the Scribe, of the observations of Dr. Epps concerning the relations existing between the breasts and the ovaries, he had made the same observations, and adopted the same theory, but had not developed it as fully as had Dr. Epps. Healthy women have healthy and rounded mammae, and depressed nipples or otherwise abnormal mammae, are evidences very frequently of disease of the ovaries.

Dr. BUSHROD W. JAMES thought that Dr. Guernsey had not rightly understood the paper, for it had not, as far as he heard, in the least intimated that there was any untruth in the law of *similia similibus curantur*, and it only contended that sometimes physicians thought they were applying the law to their cases, when this law was not acting, nor could it act under the examples cited. Dr. James did not like Dr. G.'s liberal definition of disease, "*not at ease*," for he had always considered disease as connected with some structural derangement or abnormal action of some part of the body. Now, said he, I may be forced to listen to horrid music or discord until my head aches, and I become extremely uneasy, and all my actions may show symptoms of not being at ease, and yet I am not sick, there is no disease. I go beyond the sound of the discord, and then my head ceases to ache, I am at ease again perfectly. Now I claim this as a natural action of the physical and mental functions with which nature has endowed me, but the definition in question would include it as a disease. Or again, I may be obliged to listen, as I have done at times in public lecture halls, to a lengthy, dry, monotonous discourse, under which I become drowsy, wearied, distressed, and nervous, until the muscles of my body will not remain quiet, and twitching and extreme restlessness, dulness of the eyes, and a number of such symptoms result, but as soon as the lecture is over, all this uneasiness and distress passes instantly away. Now I claim that that state is not disease and the definition is too lax.

I understand that the author of the paper claims that there could be no mechanical treatment of disease. Dr. Dudley will most likely grant me that scabies, tinea capitis, and scurvy are diseases. One is produced by the presence in the skin of an animal parasite; the second from a vegetable growth in the epidermis of the scalp, and the third from the want of fresh animal food and an excessive quantity of chloride of sodium in the system. Suppose now a dog is biting at my leg, and I apply mechanical means to stop the inroad of that cause of this abnormal condition of my leg by lifting a cane and knocking the dog in the head lifeless. The cause being mechanically removed, nature heals the wounds, and I am well. What difference is there between knocking the dog in the head with a stick, and knocking the itch insect in the head mechanically with Sulphur or the proper remedy, and then letting the skin which the insect has torn up and irritated, heal by the "*vis naturæ*." Suppose again, that by means of some remedy internally or locally applied to this forest

growth of mycodermatous plants or vegetable formation on the scalp in *tinea capitis*, I mechanically chop down that miniature forest or drag the growth up by its roots, and then let nature repair the broken epidermoid structure, am I not using mechanical treatment? Or if an over chemical action of salt upon the system produces scurvy, and I give a substance that neutralizes such action and injury, am I not using chemical means?

With regard to a bleeding vessel, Dr. G. says he does not care about coagulating the blood with his homœopathic remedy, but that he merely restores the vital forces. For his part, Dr. James regarded the clot as a very essential feature in arresting the flow. It required some form of occlusion, and either the clot acting as a plug was required, or its equivalent, mechanical closure of the vessel. It was a natural action of a ruptured or severed artery to bleed until arrested, for the arteries were the proper canals for the blood to flow through, and a sudden cutting off of a set of arteries could not be called disease. Dr. G. has alluded to how well cases of surgery were healed by homœopathic medicines after the operation. Now we should more fully understand the primary action of the drug upon the system, and how far the vital powers themselves in reacting produced symptoms which need no medicine. Reaction is the process of repair by the vital forces in wounds, or of opposition to the inroad of the medicine given, or of the disease present. Hence we get along sometimes better in surgery without than with medicines.

Dr. GUERNSEY.—Why is it that homœopathic surgeons are so very much more successful than allopathic surgeons? It is a well-known fact that they are, and it is due to the superiority of their after-treatment with homœopathic medicines. He did not mean to say that he did not care about the coagulation of the blood in cases of hemorrhage, in the sense that that was not necessary, but that coagulation of the blood was not the direct object for which he chose and administered the remedy, but the removal of the morbid influence which had caused the blood to flow, or pushed it, as it were, out of the vessels; and the hemorrhage ceases not because the blood is coagulated, but because the morbid influence which produced it is removed. In regard to his definition of disease, he would say that it is pretty well settled, that disease is due to the influence of some morbid agent, which manifests itself in the words, looks, actions, and sensations of the patient, and which show that the patient is not at ease. Let us remember that disease is not some great monster, to be bled, purged, or sweated out, but is the result of a something which puts the system at first a little out of order, so little as to be noticed only by a few persons, whose power of observation is greater than usual.

Dr. JAMES, in explanation of Dr. Guernsey's reference to the use of medicine in surgical cases, said that when we remove a diseased part with the knife, nature then has to react against the effect of the operation on the system, and she has also to produce the requisite repair

of the wounded tissues involved. Now it is conceded that medicines produce their own special impressions on the system or parts on which they act, therefore as nature is doing all that can be done towards healing, the medicine is an interference, unless an unhealthy action sets in or disease complicates the case, as for instance, erysipelas, &c.; then, the remedy acts homœopathically, I admit, for I have many times seen in such cases, the superior advantage of our system over the old school practice.

Dr. N. H. MARTIN did not understand that Dr. Dudley, in his paper, intended to show any weakness in homœopathy, but that there were some cases to which homœopathy was not applicable, and that if it was resorted to in such cases it would be misapplied. He believed, and indeed he knew that there were such cases. He had been called a few days ago to a case of fungus hæmatodes in the back, from which violent hemorrhage was taking place, the blood spouting out in several jets. The only thing he had to do was to arrest the flow by mechanical means, which he did. If he had resorted to homœopathy here he would certainly have misapplied it. Some time ago he was called to a child whom he found looking as though she had taken a dose of Ipecac. She was very sick and pale. He asked if she had eaten anything that could have caused this condition, and was told that she had not. He gave her a dose of Ipecac 2^c, and almost immediately she vomited a large quantity of cherry-stones. Did the Ipecac 2^c cause this? Was it so homœopathic to the case that in such a dose it produced vomiting? He related another case, apparently of colic, in which Colocynth seemed to be indicated, but having none he gave Nux. The patient got much worse, and he then sent Colocynth. She still continued to grow worse, and on visiting her again he ascertained that she had eaten freely of dried peaches. He then ordered hot water as an emetic, and she vomited the peaches and speedily recovered. He was of the opinion that if he had continued to resort to homœopathic medication after knowing the cause of the trouble, it would have been a case of homœopathy misapplied. He thought there were cases which could be treated by homœopathic medication or without it, and it would be best to decide the question in the interest of the patient.

Dr. S. R. DUBS.—The aggravation of Colocynth occurs in the morning, and the medicine was misapplied by Dr. Martin, as the aggravation in his case occurred at night. He should have given China, which would have cured. He had had many cases in which children had had trouble from eating dried apples, and he had cured them with homœopathic medicines. He was one of the provers of Colocynth, and all the colic and diarrhœa symptoms occurred after midnight and towards morning.

Dr. JOHN C. MORGAN.—Dr. Dubs says he would not use China if there was a morning aggravation. One of his (Dr. Morgan's) chief indications for the use of China is a morning aggravation. This he had verified many times while in the army and in private practice. His ex-

planation of the action of a high potency producing vomiting would be: that it is the business of the stomach to expel foreign matters. If it is not able to do this it is because of a loss of tone, and the medicine administered restores that tone, and thereby enables the stomach to empty itself by the act of vomiting. In regard to the arrest of hemorrhage, the contraction of the vessel and its retraction within its sheath are as necessary to the arrest of the flow of blood as is the formation of a clot. In severed vessels this is particularly the case; and, in fact, it may be said to be due more to the contraction and retraction of the vessel than to the coagulation of the blood. He instanced a recorded case, of which it is stated that at a post-mortem held some years after the arrest of hemorrhage from a large vessel which had been severed, no evidences of the formation of a clot could be found. If vessels have lost their physiological tone, *i. e.*, their power to contract and to retract within their sheaths, medicine may restore the wanting physiological condition, and allow of the hemorrhage being arrested. In this way he would account for the arrest of hemorrhage by the administration of medicines homœopathically.

Dr. DUDLEY, in closing the discussion, said that the objections made to his paper would all disappear, when the points objected to were fully understood. The questions raised by Dr. James were not in reference to disease itself, but the causes of disease on the one hand, and its results on the other. He then quoted Dr. Guernsey's remark in reference to hemorrhage, that he treated it so that the blood shall be stayed—by restoring order to the vital forces of the patient, and asked, "Does Dr. Guernsey mean to say that when a man's 'vital forces are in order' you may slash his arteries at pleasure, but that you cannot make them bleed?" He had not attempted in his paper to apply his views to all the cases that might be adduced, but rather to define the principles by which we may be enabled to decide when homœopathy is applicable and when it is not. He agreed with Dr. Martin, that there might be occasions when disease might be treated either way, but when the physician, acting conscientiously in the interests of his patient, is obliged to decide between them, simply on the ground of expediency.

WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY WALLACE McGEORGE, M.D., SECRETARY.

THE Society met at the West Jersey Hotel, Camden, on Wednesday, November 15th, 1871, at 11 A.M.; the President, Walter Ward, M.D., occupying the chair.

Doctors Ward, Shreve, Allen, Cloud, Pfeiffer, Kirkpatrick, Wilkinson, Austen, Iszard, Phillips, Hunt, R. Gardiner, Jr., and McGeorge were present.

Clark J. Cooper, M.D., of Camden, was proposed, reported on favorably, and unanimously elected a member.

Reference being made to the Chicago fire, and the suffering condition of some of our brethren there, upon motion, twenty-five dollars was voted from the treasury to be sent to Prof. Ludlam (Secretary of American Institute), to be used by him in such manner as in his judgment seemed most desirable.

On motion, Drs. Kirkpatrick, Shreve, and Hunt were appointed a committee to prepare a fee bill, to report at the next meeting.

On practice, Dr. Kirkpatrick mentioned a case of hemorrhage of the bowels which was cured by *Hamamelis*, 3d.

Dr. Pfeiffer related a case of a boy who fell and hurt his hip, the whole leg becoming paralyzed, which he pronounced a case of coxalgia, and asked what treatment the Society would recommend.

Dr. Wilkinson differed with him in the name, and would suggest *Kali bichromicum*²⁰⁰ at first, and afterward in the 40^m potency. He has seen excellent results therefrom.

Dr. Pfeiffer stated that in a case of paralysis, occurring some time ago in a boy whose thigh had become much enlarged from a necrosed femur, he was called in consultation by the family to see what could be done, amputation being suggested by the attending physician as the only alternative. He recommended injections of diluted nitric acid, and advised them to persevere with this treatment; nitric acid being also exhibited internally. Small pieces of the necrosed bone were thrown out, and although at several times periostitis seemed imminent, the boy finally made a good recovery, and gained the use of his limb.

Dr. Austen suggested *Xanthoxylum* for the case first mentioned by Dr. Pfeiffer, on account of the prickling, tingling sensations experienced.

Dr. McGeorge, chairman of the Bureau of Materia Medica, then read a paper which he had prepared, on *Rhus venenata*, provings and clinical cases. (See page 314.)

In the discussion on this paper, Dr. Hunt said he uses one ounce of crude muriate of ammonia to one pint of water to relieve terrible itching occasioned by *Rhus* poisonings, which will remove all the itching in two or three days.

Dr. Austen had procured some *Rhus venenata*, and while preparing some medicine to prove with, touched his finger to the fluid accidentally; afterwards experienced dizziness, slight chills down the back, and itching of hands. Believes it will be an excellent remedy in erysipelas.

Dr. Pfeiffer prescribed buttermilk externally and internally to allay the itching in these cases, also lactic acid. Used or recommended lactic acid also in cases of gangrene; good results had followed its use in some of the military hospitals during the late war. He never becomes poisoned by any of the *Rhus* family, having erysipelas in his system. Finds *Rhus tox.* helps his erysipelas very much.

Dr. Iszard read the following case of *Rhus poisoning*.

On September 10th, was called to see a married lady who, I believed, had been poisoned by sumach. The eruption first made its appearance on the cheeks; in the afternoon the patient complained of feeling stupid and tired, and her limbs seemed bruised; and there were the following other symptoms: Restlessness, want to change position often; anxious; apprehensive that something bad was going to happen; fear of death; fullness and heaviness in the head; some congestion to the scalp, but scarcely any brain trouble; just at the worst she complains of some headache; eyes were very much inflamed, with gluing of the lids at night; for a few hours she could not see; some inflammation and dryness of the nose; face wholly involved; after twelve hours from the time I was first called, the inflammation spread from the size of a silver half dollar on each cheek until the whole face, ears and neck were covered with a vesicular eruption; the discharge was of a yellow watery nature, slightly tinged green; the odor was as of a sour-smelling sweat. This stage lasted about two days, then there formed a crust, which itched violently; after the swelling abated, the whole body was more or less broken out with an eruption over the skin, which was attended with great itching and burning, but no vesication of any amount. She was always worse in the morning, or after midnight; would want her husband to get up and wait on her. She wanted to be warm; was not satisfied unless she had a fire in her room.

Treatment.—I gave her on the 10th, *Rhus tox.*⁶; on the 11th, I gave Bell.⁶ for her headache and the bright red color of the skin; on the 12th, she had no headache, but complained of a tightness of cuticle about the face and scalp; ordered hot water applications, for it would relieve her for a short time like magic; then gave *Rhus*³⁰; she commenced to improve; on the 13th the swelling began to leave, the watery discharges were stopped; on the 14th and 15th, continued the same treatment as on the 13th, with the same improvement; on the 16th, gave Sulphur²⁰⁰ for the itching; by this time the swelling had disappeared. Up to this date I had her keep a covering for the face with linen cloths, the skin being anointed with sweet oil, which made her feel better; on the 17th, 18th, and 19th gave Sulphur²⁰⁰, which relieved her from her troubles.

Dr. Ward was called to see a lady who had sent a child out to gather leaves to press and keep, and who brought her some *Rhus radicans* leaves, which were very pretty and beautiful. In a day or two after the lady handled them, she began to itch and burn; in three days her eyes were swollen shut, and she had all the symptoms of *Rhus poisoning*. Gave her a wash of one grain of Carbolic acid to one ounce of Glycerine, and Belladonna, 3d, internally. In three days she was entirely well.

Dr. Hunt, chairman of the Bureau of Obstetrics, was requested to prepare a paper for next meeting, and chose as his subject "The application of forceps in difficult cases of labor."

The Society then adjourned.

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MENINGEAL TUBERCULOSIS.

THERAPEUTICS.

By J. H. P. FROST, M.D.

(Read before the Central N. Y. Hom. Med. Society, Dec. 21st, 1871.)

TUBERCULOSIS of the basilar meninges, like that of other organs, is essentially a disorder of nutrition, and therefore of the ganglionic nervous system. This is confirmed by the craving appetite so often seen in connection with tubercular affections, proving that the origin of the malady is to be looked for in the *lymphatic*, or in the mesenteric glands. The sensitive and motor symptoms of the cerebro-spinal nervous system, which characterize this disorder, largely result from the pressure exerted by the primary congestion, or by the subsequently deposited tuberculous matter, upon the delicate structures composing this portion of the encephalon.

In *phthisis intestinalis*—the mesenteric glandular form of scrofula in children—death ensues after a long time, from failure of nutrition, despite the liberal amount of food consumed, and from the slowly-wasting fever caused by the chronic inflammation of the glands and ulceration

NOTE.—In Prof. Frost's first paper on Meningeal Tuberculosis, in the December No., p. 203, line 6, in the reference to Schweikert's article, for "variety," read *rarity*.—EDITOR H. M.

of the mucous follicles.* In *phthisis pulmonalis*—the most common form of scrofula in adults—life is sustained until exhausted by mal-nutrition, as shown by the general emaciation. This exhaustion is hastened by the constantly increasing pulmonary ulceration, with its attendant hectic, and becomes complete when the innutrition is rendered absolute by the destruction of lung-tissue necessary to the aeration of what little blood still remains. But in *meningeal tuberculosis*, the rapidly fatal termination—while the great vital functions of digestion, respiration, and circulation continue undisturbed almost to the last—may be attributed to local pressure upon the organs which compose the base of the brain, and to their consequent disorganization.† Some of the most remarkable symptoms developed in the course of the disease are the direct result of such pressure; these, however little obvious connection they may seem to have with the disease itself, afford valuable help in selecting the remedy. An instance of this may be seen in the intermittent pulse so common in this disorder, and which becomes a special indication for Digitalis or Glonoine. So erections in children, like priapism in adults, point to lesions of the cerebellum,‡ and indicate Nux v., Phosphorus, or some other medicine, according to the accompanying symptoms and conditions.

The three great indications for the treatment of meningeal tuberculosis are: to anticipate and prevent the disease, to arrest its determination to the basilar membranes, and to promote the reabsorption of its products. These correspond respectively to the *preliminary*, the *congestive*, and the *exudative* stages of the disease. But these indica-

* In *tubes mesenterica* the glands become enlarged and charged with tubercular matter; with this is connected ulceration of the mucous follicles of the intestines.—WATSON, "Practice of Physic."

† "Cancer, like other adventitious structures seated in the vital organs, may prove fatal by mechanically impeding their functions, as for instance, in cancer of the brain."—ROKITANSKY.

‡ MAGENDIE, "Elements of Physiology," p. 167.

tions, although true to nature, do not always conform themselves to art. The first belongs to a condition that, in many cases, has already passed when the physician is summoned. But the second and third, relating to the earlier and later stages of the disorder, can almost always be diagnosed by a careful study of the existing symptoms, and comparison of the present state with the past history of the case. And it is important to make this distinction, where practicable, since these two indications belong to different forms of disease; and remedies of a different class are required for each of these distinct pathological conditions, as shown by the diverse symptoms which spring from them and represent them. But where, from the intensity of the symptoms in the earlier stage of the disorder, it is not possible to determine just where congestion gives place to exudation, these very symptoms, from their exceeding violence or gravity, will indicate the appropriate remedy with sufficient plainness. Each of our three general indications for treatment will also designate remedies acting primarily upon the ganglionic rather than upon the cerebro-spinal nervous system, the latter being but secondarily affected; while the former, from having been the cause of the disorder, becomes the medium of its removal.

PRELIMINARY STAGE. *Prophylactic*.—When an opportunity occurs for attempting to antidote the serofulous element in the system, that is, to remove the predisposition to meningeal tuberculosis, it becomes necessary to consider the medical history of the parents—with whom, for instance, a syphilitic taint may have been operative; and also the medical history of the patient himself, with respect to influences directly tending to develop the latent miasm—such as pertussis, morbilli, scarlatina. At the same time the entire present state of the patient and all his constitutional and other symptoms and conditions must be carefully observed, in order to find, if possible, in advance of its more objective development,

the remedy for a dyscrasia which threatens to ultimate itself in the base of the brain.*

It would be equally futile to enumerate all the remedies which may be made useful in removing the predisposition to this variety of tuberculosis, and impossible to recite all the symptoms by which they might be respectively indicated. The few medicines which are discussed under this head, as well as under the two following, are not therefore to be deemed to include all that may be employed; nor do the given indications claim to be more than fragmentary and suggestive.

Calcarea carbonica.—No other medicine can equal this for removing the predisposition to meningeal tuberculosis, and but one—sulphur—can be compared with it. *Calcarea* is remarkably suited to those large-sized heads of infants which are so liable to be attacked by this form of scrofula; and in whom the premature development of the encephalon involves in it a proportionate tendency to disease, increased by the corresponding backwardness of other parts. Coolness and perspiration of the head will distinguish this remedy from sulphur, which may be required when the head is hot and dry. *Calcarea* is called for when derangement of the system by difficult dentition threatens to induce tuberculosis, and when the tubercular affection reverts from the lymphatic glands† to the meninges; and it is especially indicated by evening fever, sweat on the hands, and sweaty feet. In some one of its forms, *Calcarea* must be regarded as our main and most invaluable prophylactic against meningeal tuberculosis, particularly in infants and very young children. *Calcarea*

* M. COSTER believed he prevented the development of the tubercular diathesis, even in the face of the most efficient predisposing causes, by feeding with bread containing half an ounce of *carbonate of iron* to the pound.—*Hom. Examiner*, vol. iii, p. 127.

† “Tubercle in early life principally attacks the lymphatic glands and brain; while after the age of puberty, the lungs are generally affected by it.” “Tubercle of the brain may often and speedily supervene upon an original tuberculosis of the lymphatic glands.”—ROKITANSKY.

phos. may be more appropriate when, instead of being large and fat, the children are naturally slender and delicate; when there is great inclination for salt meat or potatoes; and aggravation towards evening.*

Sulphur.—In addition to its great importance as a prophylactic, this remedy may be useful in either stage of actually developed tuberculous meningitis—being indicated not so much by the particular features of the disease, as by the entire condition of the patient. There are, however, three or four special indications for Sulphur in disorders of this kind, the appearance of any one of which would justify its thorough study in comparison with the whole case—even though some prominent symptoms were wanting. These are: I. Relapses after improvement under other medicines; II. The threatened accession of the disease after measles or scarlatina; and, III. Its occurrence immediately subsequent to the disappearance of eruptions on the scalp. Hartman gives as symptoms of sulphur common to this complaint: “Starting up, especially when falling asleep, crying out; violent headaches, disturbing sleep; at one time sleeplessness, or sleep too light, with murmuring, moaning, and whining, snoring and raving; at another, irresistible drowsiness; pale, distorted features; urine turbid, or becoming so, with red sandy sediment; constipation.” Noack and Trinks affirm that, “encephalitis of children, with sopor, acute hydrocephalus, and chronic hydrocephalus, with spasms,” have been cured with sulphur. I will add, *hardness of hearing, craving appetite, and aversion to being washed*, as often-recurring indications.

Cauticum.—Unsteadiness of the limbs, tottering gait of children and liability to fall. Compare *Lyc.*, *Nat. c.*, *Stramonium*, and *Sulphur*. LIPPE.

Digitalis.—The indications for *Digitalis* in hydrocephalus acutus, are fully given by Bæhr, who deems it suit-

* Dr. C. NEIDHARD, Hom. Record, 1870, p. 96.

able in every stage of the disease. But it is to the prophylactic sphere of this valuable antipsoric that attention is here invited. It will be found indispensable in many cases in which the predisposition to meningeal tuberculosis is developed by intermittent fevers allopathically treated, and by the consequent hepatic disorders. Particular indications: tedious convalescence; feeble circulation, excessive frequency of the pulse; intermittent pulse; anorexia; nausea; paleness of the face, and light-colored stools. "Ash-colored stools, as in a person affected with jaundice; previous to stool, four attacks of vomiting, with previous faintness."* *Digitalis* was successfully given in one case in which the patient was unconscious to the last degree; there was a very slow, full, and almost hard pulse, with a correspondingly powerful stroke of the heart.† *Dr. Watzke* cured with *Digitalis* 1, and *Veratrum* 1, in alternation, at first once in ten minutes, and then once in half an hour, a child of two years, who on the sixth day, just before he began these medicines, presented the following appearance: "The spasms became more frequent and violent; between the spasms she continually rotated the right hand, moving it toward the face; continual violent trembling of the right hand; cadaverous appearance, strange transfigured expression of countenance; the eyes sunken, surrounded with bluish margins; the right eye being continually closed, the left half-open; the cornea without any lustre; the iris looked like a narrow circle, it was insensible to the light and completely paralyzed; the eyes looked like those of a dying person; the breathing was intermittent, sighing, sometimes rattling; the pulse irregular, wiry, countless, with occasional fuller and slower beats; upon the abdomen and chest bluish and irregular patches were discovered; deep stupor; complete insensibility."‡

* Hahnemann.

† U. S. Med. and Surg. Journal, vol. ii, p. 135.

‡ Hom. Examiner, New Series, vol. i, p. 501.

Arnica.—There is no doubt that external injuries, or mechanical concussion of the head, may become the determining cause of meningeal tuberculosis in persons predisposed to this affection. In these cases, as in those which result in simple meningitis, a period of incubation of from two to four weeks succeeds the original shock. During this interval the arnica may be curative of the actual primary injury, and prophylactic of the possible secondary affection. When this latter has already made its appearance, arnica is still indicated, in the congestive stage, especially if the “agitation of the blood and congestion to the head” are attended with “burning in the superior parts of the body,” and “coldness of the inferior parts.” In the exudative stage of all cases of *traumatic meningitis*—whether serous or tuberculous—*Arnica* may be indicated, and has often proved invaluable. “Half-closed, or protruded or staring eyes,” “contraction of the pupils,” “retention of urine, and involuntary stool at night when asleep,” will bear witness for this remedy. Dr. Neidhard reports a remarkable cure with arnica, of chronic hydrocephalus complicated with whooping cough.* Noack and Trinks advise it in “hydrocephalus acutus,” when the secretions proceed from the membranes of the brain, especially after scarlatina miliaris.† In ague districts also it will repay careful study—being often needed for children in whom previous or still recurring attacks

* Homœopathic Examiner, vol. ii, p. 89.

† “*Croupo-fibrinous tubercle* (the variety which is most apt to follow scarlet fever and measles) occurs in the form of roundish nodules—in the form of irregular, nodulated, ramifying masses of considerable size—and, when it is present on free surfaces, in the form of glandular nodulated layers of varying thickness.”—ROKITANSKY.

According to this eminent pathological observer, “tubercle is very rarely an *inflammatory product* in the lymphatic glands, or in the brain.” “In the brain, from the optic commissure to the pons and medulla oblongata, is the part attacked,” and in the brain itself, “the gray matter and structure contiguous to it.”

of intermittent fever, and abuse of quinine, tend to develop meningeal tuberculosis.

Phosphorus, *Aluminium*, *Nat. mur.*, *Iodine*, *Silicea*, and indeed any other antipsoric, may be indicated in the precursory stage of this disorder—each by its own characteristics; and being administered when so indicated, may exert a most salutary prophylactic influence.

II. CONGESTIVE STAGE.—Our second or congestive stage includes part of the first or *premonitory* stage, and all the *second* stage of the tubercular meningitis of recent allopathic authors.* Their first stage is really that of malnutrition and congestion—the latter being marked by *drowsiness*, restlessness, moaning, and cries. Their second stage corresponds to fully developed congestion, indicated by *stupor*, by the peculiar sharp hydrocephalic cry, and commencing spasms. Their third is the same as our own third or exudative stage, characterized by *coma*, convulsions, paralysis, unconsciousness and insensibility.†

Aconite.—This remedy is here mentioned rather to dissuade from than to advise its use in meningeal tuberculosis; although it may be appropriate in the onset of simple acute meningitis. In any event *we must follow the symptoms*. And if they do call for aconite, the case will very likely prove to be meningitis with tendency to serous, and not to tuberculous exudation. In the latter affection, Aconite would doubtless become as injurious as in the initial stage of typhoid.

Meningeal tuberculosis is always a *secondary disorder*; and even when not the direct sequela of a previously manifested disease, it results from depressing influences which develop its latent predisposition. Omitting for the moment, all reference to objective causes, it is evident that every tuberculosis is a secondary affection resulting

* TANNER, "Practice of Medicine," Fifth London ed., 1865.

† SMITH, J. L., of New York, "Diseases of Infancy and Childhood," Philadelphia, 1869, employs a division coincident with our own.

immediately from mal-nutrition as its primary. These considerations naturally lead us away from medicines which, like aconite and belladonna, excite the highest degree of inflammation; and turn our attention to those in which the congestion, although equally pronounced, is attended with less phlogistic violence.

Belladonna.—The following characteristic indications will serve to call attention to this remedy, which, if found to correspond with the totality of the symptoms, must be given, even though, according to Bahr, it is not entirely suitable to this disease: congestion of blood to the head with external and internal heat; distended and pulsating arteries, stupefaction in the forehead, burning, red face; worse in the evening after 3 p. m. *Headache worse on lying down*; and on uncovering the head. *Boring the head into the pillow*. Morbid sensitiveness of the optic and auditory nerves, light and noise are very painful. *Dilated pupils*. *Violent redness, and heat in the face, without sweat*. *Red and swollen face, with staring eyes*. Bloated face. Alternate paleness and redness of the face. Drowsiness with much moaning. Starting and jumping while sleeping with flushed face. *Starting as if in affright when falling asleep*. Urine scanty, fiery red, dark, turbid. *Dysuria*. *Retention of urine*.

The symptoms *italicized* will serve to distinguish this remedy from Glonoine, which, in true meningeal tuberculosis, will doubtless be more frequently indicated and more efficacious.

Atropine is recommended by Kafka, when *Belladonna* is indicated, but fails to effect a speedy improvement. In addition to the dilated pupils, dryness of the fauces, scanty urine, and usual congestive symptoms of *Belladonna*, *Atropine* causes *excessive secretion of saliva*; profuse urination; spectral illusions at night; picking at the bed-clothes as if searching for something lost, with confused mutterings, tongue thick, cannot articulate dis-

tinently ;* repeated "*efforts to vomit, but nothing is thrown up; formication; paralysis.*"† *Calabar bean* is the antidote.

Glonoine‡ is regarded by the author of the essay on "*Basilar Meningitis of Children*,"§ as a "*simillimum*, a perfectly suitable remedy for the *first half*, the precursory and *hyperæmic stage*" of this disease. He gives one or two drops of the second decimal, every two hours, in a teaspoonful of water, with very great success.

Kafka advises *Glonoine* 6th, in solution, in the *sopor* of pertussis, lasting a long time, not yielding to opium, with simultaneous and intense cerebral hyperæmia, threatening apoplexy.||

Dr. Holcombe recommends *Glonoine* 3, and *Corallium* 6, in the *stupor and threatened meningeal inflammation* which appear in connection with yellow fever.¶

Dr. Nankivell, with *Glonoine*, relieved, perhaps cured, in a female of 28, a *long-lasting pain at the occiput*, ameliorated by heat, and sometimes *causing vomiting*, sure to come on after she had been standing at the wash-tub.**

Dr. V. Meyer says of the action of *Glonoine*: "It is in fact a hyperæmia, in some parts very turbulent, or an active congestion of the organs which lie above the diaphragm;" principally in the head. The most remarkable peculiarity of the pressing and squeezing pain which char-

* "Provings of Atropine," E. M. HALE, M.D., Transac. New York Hom. Med. Soc. 1868.

† "Atropia; its Chemical, Physiological, and Therapeutic Action;" S. R. PERRY, M.D. New York Med. Journal, Dec., 1868.

‡ DR. HERING'S original proving of *Glonoine* may be found in British Jour. Hom., vol. vii; and in Boston Quart. Hom. Jour., 1849. DR. LIPPE'S "Text-Book" contains many important symptoms not given in the above. See also DR. RIEL'S proving, "Quart. Hom. Jour." (Boston), 2d series, vol. ii. For additional *provings* and *clinical experience*, by MEMBERS of CENTRAL N. Y. MED. SOC, see Hahnemannian Monthly, vol. iv, p. 116.

§ U. S. Med. and Surg. Jour., vol. i, pp. 237, 341; vol. ii, pp. 31-129.

|| U. S. Med. and Surg. Journ., vol. i, p. 226.

¶ Transactions of American Inst. Hom., 1868.

** U. S. Med. and Surg. Journ., vol. iii, p. 457.

acterizes this drug, is that its direction is, for the most part, *from below upwards*, and from within outwards. The headache is aggravated, not by violent, but rather by moderate and gentle shaking; and it is relieved by rest, by *lying down*, by sleep, in the open air, and by tightly compressing the head with a band.*

Dr. Hering† gives as indications for Glonoine: "Consequences of exertions of the mind, quick changes in the different exertions (emotions), consequences of a sudden cold, after overheating the body," sudden changes in the distribution of the blood.

From numerous experiments by physiologists, it is known that artificially caused lesions of the cerebellum and medulla oblongata in animals, produce a disposition to go backwards, and even compel them to execute this movement evidently against their will.‡ A similar *disposition to bend the head backwards*, with painfulness and stiffness of the nape of the neck, equally characterizes *meningeal tuberculosis*, or naturally caused lesion of the cerebellum and medulla oblongata,—and *Glonoine*, as a remedy for it. This drug does not indeed produce exudations, whether serous or tuberculous; and cannot, therefore, cure or remove them. But it does cause, and so may cure, the congestion which necessarily precedes the exudation; while from its powerfully stimulating action on the heart, it becomes promptly efficient in those congestions which result from debility consequent upon previous exhausting disease, and which are capable of rapidly developing meningeal tuberculosis as a still more dangerous secondary affection in those who are at all predisposed to it.

Aside from its violent congestions and headaches, Glonoine shows no very strongly-marked characteristic indications; hence its prescription in this disorder must be

* "The Action of Glonoine," Am. Hom. Review, vol. iii, p. 273.

† Quarterly Hom. Journal, New Series, vol. ii, p. 26.

‡ Magendie's "Physiology," p. 245.

based on the totality of its symptoms. Of these we can mention a few only; those in italics being in contrast with Belladonna: the initial H. is subjoined to those taken from Hering's original proving, and L. to those from Lippe's Text-Book.

Congestion of blood to the head. L. Violent headache and rush of blood. H. Dull headache, with *warm perspiration* on the forehead. L. Headache, with accelerated pulse, red face, *perspiration in the face*; he becomes unconscious. L. Headache relieved by external pressure; by uncovering the head; in the open air, and by *lying down*. L. *Headache worse on shaking it*. L. Fulness at base of brain, and violent throbbing of all the arteries of the head and neck. H. Pain in the back of the head towards the vertex. H. Pupils somewhat dilated. H. Pain and stiffness of the nape of the neck. H. Nausea and pain in the stomach. H. *Nausea, causing perspiration*. L. *Nausea with, and caused by the headache, with colic*. L. *Profuse perspiration*. H. Yawning with headache, congestion of blood to the head. L. Gaping every moment, feels drowsy. H. *Gaping and disposition to stretch backwards*. H. Great inclination to sleep. H. *Increased secretion of pale* (albuminous) *urine* (of which he passes most at night). L. Pulse accelerated, irregular; intermitting; full and hard, or small and rapid.

Bryonia.—This drug, which has developed "false membranes"* and "a quantity of plastic mucus in the larynx and trachea"† and mouth, and which so readily produces effusion on the serous tissues, may also cause tuberculous exudations in the *pia mater*. At any rate it cannot fail to prove of service in this affection when indicated by its well-known characteristics: Irritability; congestion of blood to the head; violent headache, as if the head would split; *vertigo on rising from a chair or while sitting up in*

* DR. CURIE, *vide* Neidhard's "Diphtheria," p. 118.

† TESTE, "Materia Medica," p. 394.

bed; vertigo when standing or walking, with disposition to fall backwards or sideways. Vomiting. Excessive appetite. "Intense craving for oysters and strong coffee."* Dryness of the mouth and tongue, with thirst. Lips parched and cracked. *Obstinate and painful constipation.*† Urine red and scanty. *Aggravation on sitting up;‡ from the least motion; and in the evening.* Jahr recommends Bryonia for "*encephalitis, meningitis, and arachnitis*, especially the second stage of the latter."§ Bähr advises it in "the preliminary stage"—corresponding to our second or congestive stage—"of tubercular inflammation of the meninges." Lippe regards it as one of the principal remedies.

Veratrum has numerous indications corresponding to those of Bryonia, such as stiffness of the nape of the neck, aggravation when rising, and amelioration when reclining. But Bryonia has neither the cold extremities, the cold perspiration, nor the convulsions of *Veratrum*. Headache with nausea, vomiting,|| and pale face, and violent headache with diuresis, are also characteristics of this remedy.

Zincum.—Hartman, followed by Bähr, advises the use of zinc in the initiative or preliminary stage of tuberculous meningitis. Noack and Trinks give, as clinical observations: "*Excessively violent and obstinate pain in the brain*, with paroxysms and sometimes assuming the form

* Dr. T. D. Stow, "Proving of Bryonia," N. Y. Hom. Med. Trans., 1870.

† "*Constipation is the rule in Tubercular Meningitis*," M. LABOR, U. S. Med. and Surg. Jour., vol. iv, p. 519.

‡ EBERLE "has met with many instances of this disease in which sickness and vomiting ensued the moment the head was raised from the pillow." Practice of Medicine, vol. i, p. 287, 1835.

§ Symptomen Codex, vol. i, p. 323.

|| Should the nausea and vomiting result in *total eversion of the stomach*, *corroval*, an arrow-poison of the Isthmus of Panama would be indicated. "On the Modern Method of Studying Poisons," ATLANTIC MONTHLY, Sept., 1868. Compare the Eversion of the Hydra, DARWIN, "Origin of Species," chap. vi.

of a masked and intermittent fever. *Incipient paralysis of the brain* in scarlatina, with involuntary discharge of feces and urine, icy coldness of the skin, quick pulse, trembling and paralytic condition of the extremities, sopor and loss of consciousness, or sopor alternating with violent delirium. *Incipient paralysis of the brain in the last stage of acute hydrocephalus, during dentition, and with deficient nutrition.*"* The lower triturations have done good service in many of these cases. Where this remedy is manifestly indicated, if improvement is not obtained from the lower preparations, the higher should be resorted to, and *vice versa*; and this direction applies to other medicines as well as to zinc.

Schweikert's† successful use of "Zinc met.²" (in alternation with "tinet. phos.²") in the second stage of hydrocephaloid or cerebral typhus, would seem to render it probable that if at all adapted to tubercular meningitis, this remedy would be suited to its later rather than to its earlier stage. Bähr‡ appeals to the symptoms, claiming that they assign zinc to the preliminary stage. Perhaps it may be the very remedy, when the physician is in doubt as to the exact pathological condition of his patient. The following are some of the principal symptoms: "*Paroxysms of arthritic headache, with nausea and vomiting.*"‡ *Constipation.* "*Sudden feeling of (paralytic) weakness in the extremities, with canine hunger.*" S. C. *Pain and stiffness in the nape of the neck.* Nausea and vomiting. Insatiableness (of appetite), but does not relish his food. "*Talking and shrieking during sleep.*" Hahnemann. *Hydrocephalus.* Lippe. "Child cries out during sleep; when awaking expresses fear, and rolls its head from side to side. Jerks of the body in sleep, and frequent startling." Her-

* Symptomen Codex, vol ii, p. 1018.

† Quarterly Hom. Journal, Boston, 1853, vol. i, p. 117.

‡ "JAHR'S MANUAL." Translated by C. Hering, M.D., Allentown, Pa. 1838. This important group is omitted from the Symptomen Codex, and from Dr. Lippe's Text-Book.

ing's Jahr. "Violent trembling twitching of the whole body." *Lippe.* "Constant trembling of the hands, with cold extremities." *Raue.* Fidgety feet and hands, in hydrocephalus; spasms of the feet, which are drawn up and down, cured by Zinc 200. *Frost.*

III. EXUDATIVE STAGE.—The reason of the difficulty which appears in some cases, of determining at first sight what stage of meningeal tuberculosis presents, arises from the fact, already referred to, that many of the symptoms are the direct result of pressure; hyperæmic pressure in the earlier stage, and local pressure of the exuded material in the more advanced stage. In the former, the symptoms resemble inflammation; in the latter, they simulate prostration: in the one, the pulse may be rapid and weak, or slow and labored; in the other, it may be quick and hard; in either, at times, it may be irregular, or even intermittent.

The tuberculous new-formations (*Neubildungen*) may spring up with great suddenness, or may even have been growing, *unsuspected*, before the acute attack. So the different stages of this disorder appear sometimes to run into or overlap each other; symptoms which would be deemed peculiar to one appearing in the other, and *vice versa*. Here, as in innumerable other instances, we observe the wonderful harmony of nature in her various manifestations. For as similar symptoms may appear in the different stages of the same disease; so *Arnica*, for example, shows how one remedy may be applicable in two, or even in all three of its stages. Thus, while we are compelled to study and compare the *pathology of the case* with the *pathogenetic genius of the remedy*, and endeavor to make the latter correspond to the former; we very plainly see that it is impossible to do this with any certainty or satisfaction, except by tracing and following in parallel lines the symptoms of both.

Apis mel.—Every distinct internal malady has its peculiar variety of epidermic development. And every

truly great medicine has, besides those which it holds apparently in common with other drugs, its own primary and preferred form of eruption on the skin, to which the others may be reduced; even as every crystallized mineral has its invariable angle and primitive form, to which it may be restored from its secondary forms by cleavage.* Thus a certain form of *herpes* (salt-rheum), which may occur on the back of the hand, is sometimes observed to be the external complement or alternative of pulmonary tuberculosis. And certain varieties of *urticaria*,† such as are produced by *Apis*, *Arsenicum*, and *Rhus*, are known to relieve some corresponding and profound lesions of the sympathetic nervous system.

Apis causes congestive headaches, less violent perhaps, but still remarkably similar to those of *Glonoine*: "Violent, pressive headache in the forehead and temples, attended by vertigo, nausea, and vomiting; burning and throbbing in the head, aggravated by motion and stooping, temporarily relieved by pressing the head firmly with the hands, with occasional sweat for some hours."

This poison, which can both cause and cure effusions in the other serous tissues, may cause and is known to cure them in those which inclose the brain. And as in pathology a tuberculous exudation replaces the serous effusion in certain not well-defined conditions of the system, and as in such conditions this drug would no doubt have caused tuberculous or pseudo-membranous formations instead of dropsy; so may it also cure meningeal tuberculosis developed, naturally, under similar conditions. There would be little use, however, in making these statements here, if they were altogether hypothetical; but they have been verified by actual experience.‡

* ROME DE LISLE, "Cristallographie," Paris, 1783.

† SCHROEN, "Diseases of the Skin," *Hom. Exam.*, vol. i, p. 291.

‡ *Apis*, which causes "*blind staggers in horses stung by bees*," cures that croupous exudation on the fauces which seems to correspond with tuberculous formation in the meninges; *vide* Dr. Tietze's cases of diphtheria, cured by *Apis*, *U. S. Med. and Surg. Journal*, vol. iv, p. 158.

The author of the essay on "Meningitis Basilaris," already referred to, has been successful in treating cases of this kind, by giving, in the advanced stage, once in two or three hours a drop or two of a mixture of ten drops of Apis³⁶⁰ in one drachm of pure alcohol.

Like Lachesis in diphtheria, and like Sulphur in incipient pulmonary tuberculosis, Apis will often begin to manifest its remedial action only after a day or two. When it is given in this disorder, therefore, its prescription should be based upon a careful collation of the symptoms, in order that it may not be too lightly set aside, if the expected improvement should not at once appear. We add Dr. Lippe's combined symptoms: "Hydrocephalus, with copious perspiration of the head; torpor; delirium, interrupted by sudden shrill cries; boring of the head deep into the pillows; squinting; grinding of the teeth; urine scanty—it becomes more copious as the case improves; twitching on one side of the body while the other is paralyzed."

Arsenicum.—In many of the cured cases of meningeal tuberculosis which I find recorded, or have myself observed, this remedy appears to have been given, and with decided advantage. In a case, reported by Dr. Christison,* of a delicate but otherwise healthy woman who was slowly poisoned by arsenic, about one month after the poisoning began "the stethoscope betrayed slight tubercular infiltration at the summit of both lungs, most advanced on the right side—indolent, however, in both." At her death, one month later, the poisoning having been in some mysterious way continuous, there were found "slight tubercular infiltration in the apex of each lung, and in the left, a small cavity." The drug thus proved to have directly caused tuberculosis in the lung of a previously healthy adult, may well be believed capable of

* Edinburgh Medical Journal, Jan., 1856.

producing a similar disease in the meninges and brain of a child.

Müeller's symptom, *clonic convulsions with cries*, I have verified as curative. Other indications for Arsenicum, most likely to occur in this disease, are: Loss of consciousness; loss of speech. *Faint, protruded, staring eyes, without lustre and turned upwards*. Constant thirst, for but a little at a time. Involuntary, unconscious diarrhœa. Exceeding restlessness; sleeplessness, with uneasiness and tossing about. Starting in sleep, as in affright. Pains felt while sleeping and waking from sleep. General coldness, with profuse perspiration. Cold perspiration, with great prostration. Aggravation at night, after midnight. In this, as in other forms of disease, Arsenicum may be indicated, and prove helpful even under the most desperate and apparently hopeless circumstances.

Helleborus.—The influence of this drug on the mind, well known to the ancients, afforded the earliest recorded occasion of formally declaring the homœopathic law. In his famous letter to Hippocrates, Democritus says: "HELLEBORUS, ADMINISTERED TO SOUND PERSONS, CLOUDS THEIR UNDERSTANDINGS; BUT TO THE MAD IT DOETH GOOD!"* But it affects the mind only through its action on the brain. One of the most efficient remedies in the advanced stage of meningitis with serous effusion, it may also be indicated in the corresponding stage of a similar disorder with tuberculous exudations. I have known it to act well in the 200th, when the lower preparations were ineffectual. It is indicated and saves life, even in the last stages of meningeal disease, when "exudation has already occurred; the dominion of the mind over the body is almost suspended, and there is profound *stupor*, with *pale-ness of the face*."† Noack and Trinks record a remark-

* THOMAS STANLY, "History of Philosophy;" London, 1701, p. 460.

† A desperate case of meningeal tuberculosis supervening upon typhoid fever, was cured with Helleborus², and Zincum². N. Y. Hom. Med. Soc. Trans., 1870, p. 171.

able cure made with ten drops of the tincture in an ounce of distilled water: "*Acute hydrocephalus* when the child screams, throws the head backwards, moves it to and fro, makes convulsive movements with the limbs, especially the right arm and left foot." Helleborus will be indicated by convulsive movements of the muscles; spasmodic stiffness of the limbs, jerkings extending even to the head; cervical muscles stiff; various and most violent headache, also with nausea and vomiting; *sleeping with eyes half-open and pupils turned upwards*. Drowsiness; pupils dilated; pulse slow with contracted pupils; pulse very small; respiration sometimes quick, sometimes slow, deep and constricted, with frequent sighing; *great appetite, he is constantly hungry and relishes everything*. Frequent desire to urinate, emitting but a small quantity. Pale, sunken countenance; no pulse; icy coldness and cold sweat all over, a drop of sweat being suspended from every hair.*

Cuprum will be remembered in all cases of pertussis which threaten to involve meningeal tuberculosis. As Bähr remarks, it is more applicable in the stage of decided exudation in this latter disease, when convulsions have begun; "*convulsions with piercing cries*."† It will be indicated by *distorted and wavering motion of the eyes*; closed eyes; insensible pupils; pale, or bluish countenance, blue lips; *spasmodic distortion of the face*. *Periodical violent vomiting*, ameliorated by drinking.‡ *Cuprum* may be needed in threatened meningeal tuberculosis after *cholera infantum*, or true cholera; compare Phosphorus and Zinc.

Other medicines might be mentioned; but the great length of this paper forbids; perhaps the deficiency may be supplied by others, in the discussion of this obscure and difficult disorder.

* *Materia Medica Pura*.

† Lippe's Text Book.

‡ Hering's *Jahr*, p. 174.

TREATMENT OF UTERINE DISEASES BY
CHARACTERISTICS.

BY H. V. MILLER, M.D.

(Read before the Cent. N. Y. Hom. Med. Society, Dec. 21st, 1871.)

NATURE seems to be prolific in *complications* of disease, and especially in those forms affecting the female reproductive system. In such complaints "misfortunes seldom come singly." With displacement there are not unfrequently leucorrhœa, dysmenorrhœa, and ultimately, perhaps, ulcerated os. The same dyscrasia that originates one of these forms of disease may result in another, and so on; uncomplicated cases being comparatively rare. Patients afflicted with leucorrhœa often express apprehension, not without reason, that they may have also ulcerated os. This is often but another stage of the same complaint, and it is amenable to the same system of treatment.

In cases of general debility the peritoneal supports of the uterus become weakened, hence this organ is predisposed to prolapsus and its train of attending complaints.

The *causes* of uterine disease often lie deeply implanted in the constitution. Among those causes, whether hereditary or acquired, the most important are psoric and scrofulous dyscrasias, which are powerful predisposing, if not exciting causes. Such cases require antipsoric treatment, and they are properly amenable to no other.

SUPPRESSION. Local applications will not reach these predisposing causes, though they may and often do, particularly in leucorrhœa and ulceration, produce apparent cures, which are mere suppressions, and they are liable also to produce a metastasis to a more vital organ. But after suppression the disease will return spontaneously; it may be forced to return by the interposing homœopathic remedy, opportunely administered, or a dangerous metastasis may occur.

METASTASIS often results from suppression, as observed

in the cases reported by Drs. Frost and Stow. There may be a disposition to *spontaneous* metastasis, as in rheumatism, measles, and many more diseases. In a case of uterine disease under treatment, there frequently occurs a spontaneous metastasis of the sensations of smarting and burning from the os to the throat, tongue, and nasal passages. Where this spontaneous tendency exists, there is still greater danger from local applications. Dr. Gregg has observed that leucorrhœa and ulcerated os, treated locally, and even by cold water injections, are liable to result in metastasis of the complaint to the throat or lungs, but that under the favorable action of the appropriate remedy the disease will return to its original location, and then gradually disappear. Where there is any tendency to *phthisis*, lotions, if they accomplish anything, will doubtless hasten the development of that fearful disease. And such measures would seem to be very dangerous, even when there was no apparent phthisical predisposition.

Surgeons have learned that amputation of *hemorrhoids* results in metastasis to the lungs, when these organs are previously affected, and that in incipient phthisis it hastens a fatal result. It is well known that *crusta lactea*, treated locally, may result in meningitis and effusion. This disease, like many other cutaneous affections, is but an external development of dyscrasia, and this development is most favorable for the eradication of the malady from the system. But when tampered with by medical expedients, a fatal metastasis to the brain may occur. A case of *crusta lactea*, treated locally two years since by a spurious homœopathic physician in this city, speedily terminated in meningitis, effusion, and death, the victim being a beautiful and lovely child.

In cases of *eczema* of the scalp, treated locally, I have observed a metastasis to the eyes, and vice versa. But leucorrhœa and ulcerated os are doubtless often caused by a localization upon the female reproductive system, of

eczema, or some other form of "*psoric*" or scrofulous dyscrasia, and there is as much danger of producing a fatal metastasis of such dyscrasia to some more vital organ, by local and empirical applications, as there is of inducing carditis in rheumatism by similar measures. The liability of dyscrasias to prove obstinate, even under homœopathic treatment, is no good reason why a practitioner should incontinently resort to blind routine treatment; for reasonable perseverance and precision in prescription will ultimately triumph. Uterine specialists are entirely oblivious of the danger of producing metastasis. Being liberally rewarded for their enterprise, they appear to be more successful in dissipating diseased action from the genital organs, than in conserving the general health.

Pathological theories are often associated with empiricism. The god Thor vainly strove to lift from the earth the mighty serpent whose massive folds encircled the world. Equally futile generally is the attempt to cure uterine diseases by means of a system of expedients based upon pathological theories. Let the theory be what it may, the *treatment* is on the routine plan, for which some brilliant hypothesis furnishes a clever excuse. Even if a lasting cure be stumbled upon, nothing is to be learned therefrom, because it is accidental and unscientific. Should some one inquire, what remedies would cure any uterine disease, leucorrhœa, displacement, metritis, malignant tumors, &c., without giving any special attending symptoms of the case, it might be replied that there was no remedy reliable when used empirically and indiscriminately in any of these complaints, but each case must be treated according to its own characteristics. Before remedies have been proved, there may be some excuse for employing them empirically in case of emergency. But when cases are treated according to their own merits, almost any remedy may be indicated; and some remedies will be indicated oftener than others, hence the former are liable to be used indiscriminately.

The remedies of our school, internally administered, are both general and local in their curative action, and when well selected, they will act favorably, notwithstanding the most fearful complications, and when they have once wrought a cure, the disease is less liable to return because its predisposing causes are also removed. Homœopathy is successful in the treatment of uterine diseases, because of the *general* application of its therapeutic principles; our system being the only one based upon causes, temperaments, idiosyncrasies, subjective, objective, general, local, and concomitant symptoms, and the time and conditions of aggravation and amelioration.

Either one of these classes of indications may serve as an almost infallible guide in the choice of the proper remedy, or we may require the aid of all. The most important of these various classes of symptoms, are termed "*characteristics*," or "*key-notes*." Characteristics are indeed a distinguishing feature of homœopathy, and in no class of diseases is the importance of such symptoms more beautifully illustrated, than in the treatment of those under consideration. One of the most wonderful coincidences in nature, is the remarkable and almost incredible analogy and correspondence existing between the pathogenetic symptoms of our remedies, and the pathognomonic symptoms of disease.

TREATMENT.

Of the treatment of uterine diseases, only some characteristic indications will, in this paper, be noticed.

Cases of acute displacement may at first require taxis, but generally the indicated homœopathic remedies, when given each in its proper order, will speedily cure.

One difficulty in treating these diseases, is the bewildering complications that arise. At first view, a multitude of remedies will seem to be indicated, and the most puzzling thing is to know where and how to begin. Here, a knowledge of characteristics may be rendered available in a careful examination. The more extensive a physi-

cian's knowledge of *Materia Medica*, the greater may be his sphere of usefulness. The most recent or the most prominent symptoms will suggest the primary remedy, which will either cure the case, or prepare the way for the succeeding supplementary remedy. And the latter will be heralded by its key-note, appearing in due season. Thus the complication becomes simplified. One vital organ cannot be seriously affected without more or less implicating others, whose functional disturbance constitutes the concomitant symptoms. When in the pathogenesis of drugs, some particular organ is primarily affected, these concomitants may serve to distinguish the action of each remedy. Hence in any clinical case, it is necessary to individualize by observing these concomitants.

CAUSES.

Arnica.—A displacement "caused by a fall or concussion; a bruised, sore feeling remaining."

Calcarea phos.—"When every cold causes rheumatic pains in the joints and various parts of the body."

Kali bich.—If from hot weather.

Nux vomica.—"By lifting or straining; accustomed to rich living, stimulants, and sedentary life."

Opium.—By fright.

Petroleum.—Induced by debility, caused by a chronic diarrhœa, occurring only in the daytime.

Podophyllum.—If caused by parturition, with prolapsus ani.

Silicia.—If caused by myelitis.

But a large proportion of the cases of uterine disease are dependent more or less upon the existence of some dyscrasia, requiring antipsoric treatment. These dyscrasias are, of course, manifested by general or local, subjective and objective symptoms. It is by means of these various symptoms that homœopathy is enabled to reach and remove such causes. Guided by them, there is no necessity for producing a dangerous metastasis. But, on the other hand, one can and often will cure complications of which he had no previous knowledge.

OBJECTIVE SYMPTOMS.

Objective symptoms, or such as may be perceived by the attending physician, are very important and often indispensable guides in uterine as well as most other complaints. They pertain mostly to the various fluxes and excretions, fecal, urinary, leucorrhœal, perspiratory, &c.

EXTERNAL OBJECTIVES.

Apis has "bag-like swellings under the eyes."

Kali carb. has bag-like swellings above the eyes.

Graphites, "itching blotches on various parts of the body, from which oozes a watery, sticky fluid. Tendency to obesity."

FECAL.

Bryonia.—Constipation; "stool hard and dry, as if burnt."

China.—"Painless diarrhœa."

Graphites.—"Constipation; large, knotty fœces; difficult defecation."

Lachesis.—"Very offensive stools, whether formed or not."

Magnesia mur.—"Stool hard, and crumbling immediately after evacuation; also uterine diseases complicated with hysterical complaints."

Nux vomica.—"Frequent and ineffectual desire to defecate, or passing small stools at each attempt."

Phosphorus.—"A long, narrow, hard, dry stool, difficult to expel."

Podophyllum.—"Stools frequent, natural but exhausting." Prolapsus ani et uteri. Sacral pain.

Silicia.—"Constipation; very difficult evacuations."

Sulphur.—"Diarrhœa driving out of bed early A.M.; faint after stool," &c.

URINARY.

Conium.—"Intermittent flow of urine;" indurated os, &c.

Gelsemium.—Headache is relieved by urination.

Lycopodium.—Red sand in urine; retarded flow of urine, and backache relieved by micturition.

Phosphorus.—Much gray sand with the urine.

Sarsaparilla.—"Unbearable smarting after micturition."

Sepia.—"Putrid urine; clay-like sediment, adhering to the vessel," &c.

LEUCORRHŒAL.

Ambra grisea.—"Bluish, white mucus."

Crocus.—"Black, stringy discharge."

Graphites.—"Profuse leucorrhœa, with great weakness in the small of the back."

Kali bichromicum.—"Discharge that can be drawn out in long strings; yellow, ropy."

Natrum carb.—"Yellowish, putrid leucorrhœa."

Tartar emet.—"Bloody water; discharged chiefly when sitting."

PERSPIRATORY.

Psorinum.—"Profuse sweat from the least exertion; disagreeable, filthy smell of the person all the time."

SUBJECTIVE SYMPTOMS.

These, being the sensations experienced by the patient, are far more abundant, though they may not be individually any more reliable than those termed objective.

To Hahnemann is due the honor of discovering the importance of these symptoms in Therapeutics, and the fact that a product of disease—as a tumor, for instance—may be removed with its predisposing cause, by utilizing such symptoms. Dr. Dunham relates an interesting case of fig-wart, cured by Hahnemann, who, in selecting the remedy, entirely ignored the existence of the chief objective feature of the case, the condylomatous excrescence, but adapted the remedy to the nature of the subjective symptoms alone, these latter serving as the therapeutic *open sesame* to the predisposing cause. Hahnemann also discovered that certain moral states are among the most important of subjective symptoms.

Case in illustration of the importance of Moral Symptoms.

A lady during pregnancy, twice met a man, whose countenance was fearfully disfigured by a nasal cancer. Afterwards, in spite of all her efforts to the contrary, this horrid phantom continually appeared to her excited imagination, especially when she was alone or when she attempted to sleep, and she was sure that her child would be marked. In consequence, she was very melancholy, avoided society, and wept almost continually. Like Calypso, she was unable to be comforted. This state of things continued for several weeks, until she received one dose of *Nat. mur.*^œ, when she was able to banish the hideous apparition, and her former equanimity was restored.

The remedy was afterwards once repeated. The moral symptoms: melancholy, weeping, inability to be comforted, and a continual recurrence to unpleasant recollections, all pointed unmistakably to this remedy.

In any case of uterine disease, but especially prolapsus, if the patient complain of much bearing-down sensation, with "pressure as though all the contents of the abdomen would issue through the genital organs," our choice must lie between *Bell.*, *Sep.*, *Nat. mur.*, and *Nit. ac.*

Belladonna.—If the pressure occur chiefly in the morning, and "pelvic pains come on suddenly and cease as suddenly," *Bell.* is differentially indicated.

Sepia.—Should the bearing down occur at any time, with "oppression of breathing," and the patient have to cross the limbs to prevent prolapsus.

Natrum mur..—If the bearing down occur every morning, obliging the patient "to sit down to prevent prolapsus; if she awaken every morning with a violent and long-lasting headache; and if she have constipation with sensation of contraction of the anus," &c.

Nitric acid.—"Violent pressing as if everything were coming out of the vulva, with pain in the small of the back, through the hips and down the thighs; very painful stools with profuse hemorrhage, the pain being very protracted and exhausting."

Chamomilla.—"Frequent pressure towards the uterus, like labor-pains, with frequent desire to urinate—often passing large quantities of colorless urine. Frequent discharge of coagulated blood;" irascibility.

Colocynth.—"A constant heat and dragging pain in the vagina; chronic and frequent attacks of colic." &c.

Lachesis.—"Sensation of bearing down and of weight at vertex."

Lilium tig..—"Sensation of bearing down in the uterine region, relieved by sitting, lying down, and pressing the hand at the vulva. Tenderness in the hypogastrium. Great depression of spirits. Apprehension of incurable disease. Excoriating leucorrhœa. Smarting and burning in the urethra after every passage of urine."

Lycopodium.—"Sensation of pressure through vagina on stooping. Sensation of great dryness in the vagina."

Nur. vom.—"Pressure towards the genital organs, early in the morning, in bed or during a walk, with sensation of contraction of the abdomen; constipation of large, difficult stools," &c.

Secale.—"Prolonged bearing down and forcing pain in the uterus. Thin and scrawny subject."

Silicia.—"Pressing-down feeling in the vagina. Great constipation before and during the menses. Prolapsus from myelitis, with very difficult stools," &c.

Sulphur.—Bearing down accompanied by two or more characteristics of sulphur, would indicate that remedy.

[*A Sulphur-case*.—A case of prolapse of the womb, complicated with leucorrhœa and dysmenorrhœa, unsuccessfully treated nine months by one of our enterprising specialists, was easily controlled by Sulphur^{cc} and 6m, an occasional dose being administered when the symptoms were aggravated. The patient's mother was a sulphur subject. Her own symptoms were: backache and bearing down for eighteen months; menses dark and excoriating; smarting micturition; whitish leucorrhœa after catamenia; hot flushes; feet cold, but at times the soles burn at night; faint and hungry at about 10 A.M.; constipation and piles.]

Phosphorus.—Sensation of great weakness and emptiness in the abdomen, and of great heat running up the back; sour stomach, and much empty eructation after meals.

Staphisagria.—"A feeling of weakness in the abdomen, as if it would drop. Much toothache. Black streaks run through the teeth."

Stram.—Excessive loquacity and a multitude of strange and absurd ideas, especially during the catamenia; tears, prayers, and earnest supplications; her face is puffed up with blood and she is very fearful, shrinking back with fear of objects on first awaking from sleep.

If a patient complain of "goneness at the stomach," compare Gels., Ignat., Nat. mur., Sep., and Sulph, and perhaps Carbo. an., Chin., Hydrast., Oleand., and some others.

Case of Metrorrhagia following Abortion—Plat. and Sil.

A case of metrorrhagia following abortion, continued exceedingly intractable for six weeks. The patient had previously proved to be a difficult subject for treatment. It was finally observed that the hemorrhage was aggravated not only by the least motion, but also by any mental or sexual excitement. Whenever her husband approached the bed, her metrorrhagia was aggravated. *Plat.*^{cc} gave immediate relief from the hemorrhage and controlled it for a time, until she complained of painful hemorrhoids and the most obstinate constipation; an evacuation of the bowels being impossible except by artificial means, then the hemorrhage returned and *Plat.* was of no avail. *Silicia* promptly removed these complications and completed the cure.

Direction of Uterine Pains.

"Cutting in the abdomen from before backward and upward": Gels.

"Uterine pains running up": Lach, Lyc., Phos., Sep.

Uterine pains running down: Ipec., Nux vom., Æscul.

"Lancinating pains from uterus to umbilicus": Sepia.

Uterine pains running from os illi forward and downward: Bry.

Uterine pains running from groins outward and backward: Sep.

Uterine pains running from groins to back: Sulph.

Uterine pains running from back to groins: Sabin.

"Cutting pains in the uterus through the sacrum": Calc. phos.

Reflected, tearing pains in the legs: Cham.

"Violent, lancinating, stitching pains, through uterus down to lower extremities": Graph.

Time and conditions of aggravation and amelioration.

Ars. has agg. from 12 to 1 A.M.

Kali carb., agg. at 3 A.M.

Thuj., agg. at 3 A.M. and P.M.

Nux vom., agg. in the morning on rising; towards 8 or 9 P.M., and after dinner.

Ignat., agg. in the morning on rising; evening, after lying down, and after a meal.

Bell., agg. at 3 P.M. and night.

Carbo veg., indescribable anguish every P.M. at 4 to 6 o'clock.

Lycop., agg. at 4 to 8 or 9 P.M.

Bry., agg. at 9 P.M., and by the least movement.

Puls., agg. evening and night; when seated after long exercise, and on rising after being long seated.

Zinc. and Valer., agg. evening and after dinner.

Acon., agg. at night; relief on sitting.

Merc., agg. at night.

Rhus tox., agg. at night, during repose; amelioration by movement.

Sulph., agg. at night, during repose and when standing a long time; the heat of the bed renders the nocturnal pains insupportable.

Lach., agg. after sleep.

Sil., agg. at new or full moon.

Tart. emet., agg. when seated.

Nat. carb., agg. when seated; relief by motion, pressure, and rubbing.

Movement-cure.

The movement-cure for female diseases, has mostly failed to meet my expectations, though, in a few instances, I have derived some benefit from it. Where there is no dyscrasia requiring an antipsoric, it may be, and doubtless is, often beneficial.

Hygiene.

Proper hygienic influences may be as important therapeutically as prophylactically in these diseases.

The poet Bryant, when travelling through some of the New England States, observed the appearance of the women in those regions, and "was disappointed in their frail figures, narrow chests, general pallidness, and look of

debility;" whereas, he had expected to find them personifications of rosy health. At one house, he found three smiling "damsels, with well-formed busts, faces glowing with health, rounded arms, and plump fingers; in short, such women as our mothers fifty years ago might have been." So he inquired of his host if there were any assignable cause for this difference. The host replied that "he had no doubt of the cause. Their parents had never enjoyed very good health, nor were the children particularly robust in their infancy; yet by rational physical education, they have become what you see them. They have enjoyed the benefits of plain, wholesome diet, without tea or coffee; *sensible* styles of dress, designed not to oppress the vital organs; and daily exercise in the open air."

SILICIA AFTER VACCINATION.

JOHN REDMAN COXE, Professor in the University of Pennsylvania with President Jefferson, one of the principal introducers of vaccination into this country, had each of his grandchildren regularly vaccinated. A little boy had not taken it, even after a repetition. Each time the small-pox returned, the old man came and revaccinated him. The last time the operation was performed it was followed by a fever, and instead of the formation of a pustule on the arm, convulsions set in. Being the physician of the family for years before and after, I was sent for at once. The usual medicines were of no avail. After a most careful study and examination of the whole *Materia Medica*, *Silicia*, 30th cent., one globule, was given, and the child's recovery followed. This was one of the facts which induced the father of this child to study Homœopathy, and J. Redman Coxe, Jr., became a Professor at the Homœopathic Medical College of Pennsylvania.

Some years after, on being called in consultation, in a

case of violent convulsions, which had suddenly befallen a boy of ten or twelve years, some similarity in the symptoms to those of the above case led to the question being asked if he had been vaccinated; to which it was answered that he had been, but that it had not taken! *Silicia* 30th, one globule, was given, to the astonishment of the homœopathic practitioners. The boy improved forthwith, and recovered very soon. Both were seen as young men in health twenty years later.

A case of dangerous abscess in the axilla, and another case with a large swelling called suppurating erysipelas, where *Silicia* did the most good, were brought to mind by this last case of convulsions, and since that time *Silicia* has been given in all evil consequences from vaccination, when the symptoms did not indicate another medicine; and very often, if such apparently better indicated remedies were not sufficient, *Silicia* had to be given as a finishing medicine.

This was published more than twenty-five years ago, but it does not seem to have met with the approval of low dilutionists. In the numerous vaccinations performed during the past months, *Silicia* has been repeatedly given against every one of the symptoms following in a few days or a week or two after vaccination. Only cow-pox virus has been used. The red and inflamed swellings sometimes extending over the whole arm, the fever, the sickness at the stomach, headache, and backache, and, in fact, all other symptoms appearing, improved rapidly after one, rarely a second, dose of *Silicia* 3 or 7^m.

Convulsions have not appeared. Vaccination was usually repeated but once, rarely twice.

C. HERING.

CRITICAL REMARKS.

In the valuable little work of Jahr, called "*Therapeutic Guide, or Forty Years' Experience*," very accurately translated by Hempel, the following remark occurs on p. 150, under the chapter on *Dysentery*: "Beginning prac-

tioners will do much better to adhere to the known and long-tried remedies with their reliable indications, than to embark on experiments with new drugs."

These so-called "*new drugs*" are, *Aloes*, *Baryta*, *Canth.*, *Caps.*, *Hepar*, &c. It is upwards of forty years since the author of the pseudo-organon recommended Aloes; Baryta has been known since 1824; Cantharides was fully known in 1828; Capsicum in 1821; and Hepar has been known since 1817. They are as old as Jahr's practice, and it is not "embarking on experiments," if they are given according to similarity.

Trombidium is the youngest of the fifty or sixty remedies we have given with success in dysentery, and it has proved to be one of the most important, and was mostly given after other medicines had failed. Baptisia, one of the latest acquisitions, promises to be of still more importance.

The rule for young practitioners is: *get as many symptoms as possible in each case, and select the remedy accordingly; and if dysentery is epidemic, accumulate the symptoms of all accessible cases, and try to find a medicine that will correspond to the general character of the disease.*

Jahr's advice is good; but if the few remedies he has mentioned under dysentery have been sufficient in Paris, it does not follow that they will suffice for Philadelphia, or still less for the far West, where other influences are operative to change the character of the disease.

C. HERING.

DIDACTIC AND CLINICAL INSTRUCTION IN INSANITY.

BY SAMUEL WORCESTER, M.D.

At the meeting of the Association of Medical Superintendents of American Institutions for the Insane, held at Hartford, Connecticut, in June, 1870, a committee of three were appointed, upon the subject of Didactic and Clinical

Instruction in Insanity. This committee, at the meeting of the Association held in Toronto, Canada, June 6th, 1871, reported the following resolutions :

Resolved, That in view of the frequency of mental disorders among all classes and descriptions of people, and in recognition of the fact that the first care of nearly all these cases necessarily devolves upon physicians engaged in general practice, and this at a period when sound views of the disease and judicious modes of treatment are specially important, it is the unanimous opinion of the Association, that in every school conferring medical degrees, there should be delivered by competent professors, a complete course of lectures on insanity, and on medical jurisprudence, as connected with disorders of the mind.

Resolved, That these courses of lectures should be delivered before all the students attending these schools : and that no one should be allowed to graduate without as thorough an examination on these subjects as on the other branches taught in the schools.

Resolved, That in connection with these lectures, whenever practicable, there should be clinical instruction, so arranged that, while giving the student practical illustrations of the different forms of insanity, and the effects of treatment, should in no way be detrimental to the patients.

Resolved, That a copy of these resolutions be sent by the Secretary to the American Medical Association, the Dominion Association, and Ontario Association of Canada, to each State Medical Society, and each Medical College in the United States and British Provinces.

The above resolutions were adopted unanimously, but lest the Secretary may have overlooked the Homœopathic Medical College, I send a copy to the *Hahnemannian*, in order that the Colleges may take any action they think fit.

Lectures on Insanity have been delivered by Dr. J. E. Tyler, at Harvard, Dr. D. T. Brown, of Bloomingdale, at one of the New York colleges, Dr. I. Ray in Philadelphia, and Dr. A. M. Shew, at Yale Medical College, but some of these were merely in the summer course, and in neither case was attendance upon the lectures obligatory ; nor were the students examined upon the subject.

Dr. Kirkbride, the chairman of the committee, said : " Lectures on insanity ought clearly to be a part of the regular winter course, and students should be as carefully examined on this subject as on any other branch of medicine, before commencing the practice of their profession."

My own experience confirms this statement; for when connected with a hospital for the insane, I saw many cases that required a long period of treatment to restore to health and sanity; while they could easily have been cured in a short time at the beginning of the attack, if their physician had been educated to understand the symptoms, progress, and treatment of the disease. Therefore, I trust that some of our medical colleges will give due consideration to the above resolutions.

SCARLET FEVER.

BY ERNEST A. FARRINGTON, M.D.

USUALLY the period of incubation of scarlet fever is from eight to twelve days.

Quite recently a girl, æt. 13, assisted in unpacking some clothing, worn last April by a child who died of this fever, but which for association's sake had not since been washed. The child thoughtlessly threw a shawl from the pack over her shoulders. *On the following day* she was taken with high fever, pulse 140, sore throat, vomiting, backache. *On the next day*, a rash appeared on the neck and chest, which after pressure returned to red *from the periphery toward the centre*. So the disease continued until the whole body was scarlet with eruption. Under *Rhus* recovery was rapid, and no sequelæ appeared. The several stages, though well defined, were remarkably short, and we may surmise that the period of incubation, being so short, ushered in a very superficial disease.

In future I shall be *less* particular in stating a definite incubatory period, and *more* particular in preventing the spread of the fever. If after four months the disease may be caught from clothing worn, we cannot be too cautious in our routine visits from house to house. The home of the patient is on a high hill, removed from all other buildings, no other member of the family suffered, and the offending pack was taken from the trunk of a visitor. No other cases appeared in the neighborhood.

CORRESPONDENCE.

MY DEAR EDITOR:

I notice in the reported proceedings of the Philadelphia Homœopathic Medical Society, published in the December number of your journal, some remarks of Dr. Kellogg, of New York, who spoke "by invitation on the subject of Homœopathic Life Insurance, with special reference to *The Homœopathic Mutual of New York.*" My object in this communication is to correct a few errors which seem to lie on the surface of the speech, and drop a few hints pertinent to the subject discussed.

Dr. Kellogg remarked that since "the Hahnemann Life of Chicago (Cleveland) had sold out to the Republic Life, of Chicago, the New York Company (Homœopathic Mutual) was the only one in this country doing business on a homœopathic basis." Again, "Two companies have already struck their colors, and the New York company did not intend to strike theirs." Here is a pair of errors closely related which deserve correction, or to be further established by facts. If reference is made to the Atlantic, of Albany, as one of the two companies that "have already struck their colors," I am anxious to know the truth of the matter. Having been insured several years in the Atlantic, as doubtless many other physicians are, who with me feel a deep interest in *homœopathic life insurance*, and the *demonstration* it proposes to give, I have watched with some care the progress of that company, and am quite certain it has *not* struck its *homœopathic colors*. The essential features of a homœopathic company remain. True, a change was made, which required all new insured to pay the same rates; but that change was made in the interest of homœopathy. The following is from a circular in explanation:

"HOMŒOPATHIC LIFE INSURANCE PERFECTED.—Four years of experiment by the Atlantic demonstrated the error of giving a bonus, or deduction in advance to those insuring as homœopathists, for the reason that many who were not homœopathists were willing to insure as such, simply for the deduction offered, as many death-proofs fully show, thus depriving the genuine homœopathists of the full benefit accruing under their system. The change made March 1st, 1870, placing all classes upon the same basis of original premium for all future contracts—*the only remedy to secure justice to our homœopathic patrons*—enables the Company to carry out more perfectly the design intended under the reduced rates of premium. It will be readily perceived now that the Atlantic can give *pure homœopathic life insurance*, since only genuine homœopathists will be embraced in their class; and the dividends apportioned will be upon the basis of their mortality and longevity. The *deduction* could only be regarded as a portion of future dividends paid in advance, and must be taken into the account in the subsequent award of dividends. Greater mortality of one class would give less dividend to that class; less mortality, greater dividends. *No reduced rates can avail anything to cheapen life insurance.*"

Upon inquiry at the company's office in this city I find that the homœopathic insured have received more in dividends than the allopathic, and a rigid classification of risks is most thoroughly adhered to, giving each

class justly what it is entitled to in dividends, according to its mortality. Is there anything more to be desired in a homœopathic company? The test of the merits of the medical systems is being made as fast as possible, and no fears need be entertained for homœopathy when the average is reached and the balance struck.

Are there not *two* homœopathic companies left? Let homœopathic physicians choose between the two in extending "active sympathy and cordial support." If facts are wanted in reference to the respective standing of the two companies, upon which to found probabilities of a *guarantee* for the future, let the inquirer consult the Insurance Reports of New York or Massachusetts, which can be found in any respectable insurance office.

Yours fraternally,
M.

AMERICAN INSTITUTE OF HOMŒOPATHY.

TWENTY-EIGHTH ANNIVERSARY.

THE twenty-eighth anniversary of the American Institute of Homœopathy will be held in the city of Washington, D. C., commencing May 21st, 1872, and continuing four days. The Executive Committee and the Committee of Arrangements are already stirring in the matter, and it is expected that a large and profitable meeting will be held. Physicians wishing information will please address the editor of this journal, who is the General Secretary.

ERRATUM.—In an article on Intermittent Fever, by H. V. Miller, published in the November number of *The Hahnemannian Monthly*, under the symptoms of *Natrum muriaticum*, the note about Dr. Von Tugen was misplaced by mistake, and should have been placed under *Eupatorium purpureum*, as this *was* the remedy that had, in the Doctor's hands, cured over one hundred cases in about a year.—H. V. M.

PUBLICATIONS RECEIVED.

NEURALGIA, AND THE DISEASES THAT RESEMBLE IT. By Francis E. Anstie, M.D., F. R. C. P., &c., &c. New York: D. Appleton & Co., 1872, pp. 362.

In Reynolds's "System of Medicine," Dr. Anstie briefly put forth his views on the subject of neuralgia and kindred affections, giving ideas that were new to the profession, and which received considerable attention, not only on account of their novelty, but for their apparent cor-

rectness. In the work under consideration he has treated these subjects at greater length, and his book is not a mere compilation from the works of other writers, but to a large extent a work *de novo*, and most decidedly the best treatise on neuralgia in the English language. His principal object in writing the volume, as he expresses it, was to "vindicate for neuralgia that distinct and independent position which I have long been convinced it really holds, and to prove that it is not a mere offshoot of the gouty or rheumatic diathesis, still less a mere chance symptom of a score of different and incongruous diseases." He has carefully separated true neuralgia from that class of affections which are its "counterfeits," as he terms them, and presents the latter as separate pictures of disease.

The work comprises: 1st. An Introduction; on Pain in General. 2d. Neuralgia Proper, with its Clinical History, Complications, Pathology and Etiology, Diagnosis, Prognosis, and Treatment. 3d. Diseases that resemble Neuralgia, as Myalgia, Spinal Irritation, the Pains of Hypochondriasis, the Pains of Locomotor Ataxy, the Pains of Cerebral Abscess, the Pains of Alcoholism, the Pains of Syphilis, the Pains of Subacute and Chronic Rheumatism, the Pains of Latent Gout, Colic, and other Pains of Peripheral Irritation, Dyspeptic Headache. These are treated of at greater or less length, and the work is supplemented with a complete index, by which any subject referred to may be readily found.

The introductory chapter on Pain is very interesting. The question is discussed as to that functional state of the nerves which consciousness interprets as pain. It is commonly held that it is an exaltation of the ordinary function of sensation; but our author is inclined to take a different view, and is of the opinion that a thorough examination of the subject will lead to the conviction that pain is not a hyperæsthesia or excess of ordinary sensory function, but something which, if not the exact opposite of this, is very nearly so.

Neuralgia proper he defines as "a disease of the nervous system, manifesting itself by pains which, in the great majority of cases, are unilateral, and which appear to follow accurately the course of particular nerves, and ramify, sometimes into a few, sometimes into all the terminal branches of those nerves." This is a good general definition, and sufficiently accurate to set neuralgia apart from those diseases which simulate it, and which produce pain of a "neuralgic" character. Its clinical history is given at length, and is very interesting and instructive.

Neuralgias are divided into, I. *Superficial Neuralgias*. II. *Visceral Neuralgias*. Of the first class he makes a further classification, as follows: (a) Neuralgia of the Trigeminal; (b) Cervico-occipital Neuralgia; (c) Cervico-brachial; (d) Intercostal; (e) Lumbo-abdominal; (f) Cru-ral; (g) Sciatic. This arrangement is that of Valleix, and appears to be correct. The second class, *Visceral Neuralgias*, embraces the following forms: Uterine and Ovarian Neuralgias; Neuralgia of the bladder, of the kidney, of the rectum, of the testis; Hepatic Neuralgia or Hepatalgia;

Neuralgia of the Heart, including angina pectoris (treated at considerable length); Gastralgia; Cerebral Neuralgia; Pharyngeal and Laryngeal Neuralgia.

Chapter II, of the first part, gives an account of the Complications of Neuralgia; and Chapter III is devoted to a consideration of its Pathology and Etiology. In regard of its Pathology, our author lays down this proposition: "I expect to convince most readers, that the essential seat of every true neuralgia is *the posterior root of the spinal nerve in which the pain is felt*, and that the essential condition of the tissue of that nerve-root is *atrophy, which is usually non-inflammatory in its origin*." While this view is advanced with a full knowledge that observations derived from post-mortem examinations are not very extensive, Dr. Anstie enforces his views by cogent arguments, and it must be admitted that they are vouched for by strong evidence, the whole argument, in fact, if taken together, being cumulative proof of their correctness.

Of the treatment laid down in this work we feel constrained to say that there appears to be some discrepancy between the author's views of the disease and his treatment of it; for while he regards neuralgia as an *entite morbide*, his treatment is generally merely palliative of the pain. It may, however, be taken as an example of the most advanced and intelligent treatment of the old school of medicine, and homœopathic practitioners may gather many valuable items from that which is here recorded of the action of the various agents recommended. It is with a feeling of great regret, however, that we are compelled to note that the use of remedies in the various forms of neuralgia, are recommended solely upon empirical grounds; and we can only express the wish that the author who has shown so great a knowledge of the causes, pathology, and phenomena of this disease, had some guiding principle to lead him in the selection of remedies, and some acquaintance with the *curative* powers of drugs when selected homœopathically.

The work is presented in the best style for which the Appletons are famous, and will constitute a handsome as well as exceedingly valuable addition to every physician's library. It is on sale by the publishers, by Claxton, Remsen & Haffelfinger, Philadelphia, and may be had through Bericke & Tafel.

TRANSACTIONS OF THE TWENTY-THIRD SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, held in Chicago, June 7, 8, 9, and 10, 1870.

As this handsome volume is received by almost all of our readers, it is hardly necessary to give it more than a passing notice. The valuable papers which make up the greater part of the volume conclusively show the importance of the Association and of its publications. It has been remarked that the Institute is under the control of a "ring;" a fashionable term nowadays. If the increased attendance on the meetings, the greatly enlarged membership, and the character, value, and number of papers presented, during the past four or five sessions of the Institute,

are indicative of the workings of the "ring," we can only say, "Long may it wave." Although there are many inaccuracies, owing to faulty proof-reading, in the present volume, the Secretary, who is usually held responsible for all shortcomings, is not at all to blame, as manuscripts were in some cases withheld so long as to necessitate great hurry finally; and the Institute can thank (or the reverse) those members who kept back their papers until the last moment upon the weak plea that they had no time to complete them. The Institute should refuse to receive any paper from a bureau or member, not thoroughly completed and ready for the press, and reports and papers once accepted and passed into the hands of the Secretary should not be allowed to go back to their authors upon any plea whatever.

EDITORIAL NOTES.

HOMŒOPATHY IN CALIFORNIA.—Homœopathy is making good progress on the Pacific coast, and the cities and towns of California are being gradually occupied by practitioners of our school. In San Francisco, as we have had occasion to state on another occasion, a medical society has been formed, which gives considerable evidence of life and energy. At a meeting of this Society (the membership of which comprises a large majority of the homœopathic physicians of San Francisco), held December 30th, 1871, it was resolved that a hospital be established for the treatment of gynæcological and surgical diseases. From a circular recently received, we learn that such an institution has already been established, and is open for the reception of patients. "It is intended that the inmates of this institution shall enjoy all the comforts, conveniences, and even luxuries of a home, besides the important advantages of personal supervision of the after-treatment, appropriate regimen, nursing, &c., so essential after severe surgical operations." This certainly promises well, and we heartily wish for the success of the new institution. But while the homœopathic practitioners are thus energetic in good works, they are not free from those professional quarrels which are always unnecessary and generally discreditable, and which sometimes occur on this side of the Rocky Mountains. Several of the practitioners of San Francisco are "out in a card" in the newspapers of that city, with the statement that "they desire it to be distinctly understood that we (they) have no connection whatever with an affair advertised in the papers and by public handbills under the caption 'San Francisco Homœopathic Surgical and Gynæcological Institute,' " &c. To all of which the hospital party rejoin to the effect that the gentlemen who signed the protest have opposed every effort to advance the interests of homœopathy publicly in California, and that they have not been asked, and are not desired, to have any connection with the institution referred to. We are, of course, not able to arrive at the exact merits of the case, but it is very probable that the gentlemen connected with the hospital are in the right of it. However it may be, we would remind both parties that it is not advisable to "wash dirty linen" thus publicly.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.—A large and interesting meeting of this Society was held at Harrisburg, February 7th and 8th, ult. A full report of the proceedings will be given.

DR. HERING'S MATERIA MEDICA.—The question has been asked: "Are the pages of Hering's *Materia Medica*, as published with the *Hahnemannian Monthly* as large as those published with the *American Journal of Homœopathic Materia Medica*?" To which we reply that they are of precisely the same size and form, and the only difference is that the publication with the *Hahnemannian Monthly* is printed on somewhat better paper than is that which appeared elsewhere.

DR. VON GRAUVOGL has been decorated with the *Iron Cross* by the Emperor of Germany.

A NOTE FROM THE PUBLISHERS.—The publishers of the *Hahnemannian Monthly* wish to have it understood that ALL SUBSCRIPTIONS MUST COMMENCE WITH THE VOLUME. A large number of new subscribers have wished to commence with the January number, but this cannot be acceded to, not only on account of the derangement it would make in accounts, but because sets of the volume would be thereby broken up.

ALBANY COUNTY (NEW YORK) HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY F. W. THOMAS, M.D., SECRETARY PRO TEM.

A MONTHLY meeting of the County Homœopathic Medical Society was held at the office of Dr. Preston, November 18, 1871. Dr. Carroll, President of the Society, in the chair.

More than one-half the members of the Society were present, also Dr. D. A. Cookingham, formerly of West Troy.

Letters from Drs. Ludlam and Small, of Chicago, were read, acknowledging the receipt of a donation from members of the Society in aid of homœopathic physicians suffering by the recent conflagration in that city.

The Hospital Committee reported progress with regard to the selection of a suitable building for a hospital.

Dr. Thomas, resident physician at the dispensary, reported for the month of September, 305 visits, 431 office prescriptions, total 736. There were 211 different diseases treated during the month. In the month of October there were 447 visits to patients at their homes, 684 office prescriptions, total 1081. There were 302 different cases of disease treated during the month.

Dr. Bellan reported a case of severe acute hydrocephalus recently under treatment, in connection with dispensary practice.

Dr. Thomas stated that during the past two months the cases most frequently treated in connection with dispensary practice had been those of inflammation of the air-passages.

Drs. Paine and McKown related several cases which had occurred in connection with the gynæcological department of the dispensary.

Dr. McKown called attention to a new form of Conant's pessary, a

specimen of which he presented for examination. He also related a history of a case of cancer, in the treatment of which Condurango had proved of decided benefit.

Dr. Preston exhibited a new form of a supporter, which proved of very great service in practice.

Dr. Cookingham stated that after an experience of six years in the allopathic system, he had decided to thoroughly investigate the homœopathic method of practice. He had recently endeavored to apply its principles in the treatment of several cases, and had been pleased and astonished at the results.

Dr. H. M. Paine announced the death of Dr. E. B. Cole, of Waterford, accompanying the announcement with some appropriate remarks. Whereupon the following preamble and resolutions were offered and adopted:

Whereas, We learn with unfeigned sorrow the sudden decease of an esteemed associate, the late Dr. E. B. Cole, of Waterford, therefore,

Resolved, That while we bow with submission to the will of Providence, we deeply regret the dispensation which has so unexpectedly removed our friend and brother practitioner.

Resolved, That we feel bound to testify that by his gentle and affable demeanor, his skill, faithfulness, untiring industry, and thorough qualifications as a physician, he had endeared himself to a large circle of personal friends, and had secured the confidence of the community in which he lived.

Resolved, That by his death the medical profession in this vicinity has lost an able and eminent representative, the town a distinguished and upright citizen, and his family a genial and loved companion.

Resolved, That a copy of these resolutions be entered on the minutes of the Society, published in the daily papers, and presented to the family of the deceased.

Dr. Carroll related the history of several cases from practice.

Dr. H. M. Paine read letters and a circular, having reference to the recent acts of intolerance of the Massachusetts Medical Society, accompanied with numerous extracts from the newspaper press of the country, clearly setting forth the disgraceful attitude of the Society, as well as the estimation in which such bigotry is held by the public generally. At the conclusion of which the following preamble and resolutions were offered and adopted:

Whereas, The Massachusetts Medical Society having instituted a trial of those of its members who are homœopathic practitioners with a view to their expulsion; therefore,

Resolved, That this attempt on the part of the allopathic school to bring reproach without cause upon members of the profession in good and regular standing is disgraceful to all who are engaged in the movement.

Resolved, That the threatened intolerant exclusion of said members for the reason given is an invasion of the right of private opinion and liberty of action, and is unworthy of a dignified and liberal profession.

Resolved, That it is the duty of the government to interfere in behalf

of those who are subjected to this invidious and unjust discrimination, or, in case of persistent attacks to deprive the aggressors of a legal status.

After adopting a resolution of thanks to Dr. Preston for his hospitality, and the acceptance of an invitation from Dr. Hunting to hold the next meeting at his office, 84 Grand Street, the society adjourned.

The DECEMBER meeting was held at the office of Dr. Hunting, on the 19th inst., Dr. Carroll, President, in the chair.

The Hospital Committee presented a report which was accepted. On motion of Dr. McKown the committee was authorized to take such action as may be required regarding the petition for the establishment of a Homœopathic department in the City Hospital, and Drs. Hunting and Pratt were added to the committee.

Dr. Thomas, resident physician to the Dispensary, presented a tabulated report of the diseases treated during the months of October and November. The classification is essentially the same as that proposed by Dr. Farr, Registrar-General of England.

Dr. Pratt reported, verbally, the history of an interesting case from practice.

Dr. McKown reported the history and treatment adopted in a case of cancer.

Dr. Hunting related the history of an unusual case of typhoid fever, and requested an expression of the views of the members regarding appropriate treatment.

Dr. White, of Amsterdam, reported the history of an unusual form of abscess. He also exhibited photographs of a fatal case of encephaloid tumor situated on the face of a child six years of age.

Dr. Preston exhibited a lipomatous tumor removed from the neck.

Dr. Paine called attention to the trial now being made by Homœopathic Life Insurance Companies, and stated that the results of experience thus far were decidedly in favor of the homœopathic system of medical treatment.

He further stated that the Atlantic Mutual Life Insurance Company was the first in this state to take cognizance of the superiority of homœopathic treatment and give it practical recognition in its application to business purposes. During the first three years a deduction of ten per cent. from usual rates was made to all homœopathists on all premiums. An experience of three years convinced the trustees that the discount proved too strong a temptation to many who were not practical homœopathists. They found that thirty per cent of their losses were those of allopathists who had effected insurances in order to avail themselves of the reduction of premium. Two and a half years ago the company discontinued the reduction of ten per cent., and instead insure all at the usual and uniform rates, classifying insurants as either allopathic or homœopathic, and opening a separate set of accounts with each class. By this arrangement each class will receive its proportionate share of the earnings of the company. The relative mortality of each class is thereby subjected to a very delicate and accurate test. The result, as indicated

at the present time, is very satisfactory. It shows that the company was not only justified in making a deduction of ten per cent., but that a reduction of nearly *nineteen* per cent. might have been made with safety. The following statement comprises the results of the experience of the company for five years and seven months :

Number of policies issued prior to December 12, 1871—homœopathic, 5105; allopathic, 4718; total, 9823. Homœopathic losses, 51; allopathic, 58. Ratio of homœopathic mortality, 100; allopathic, 123. Percentage saved by homœopathic treatment, 18.70. Total number of losses on all policies issued, 109. If all had been homœopathic the number would have been reduced to 98; if all had been allopathic it would have been increased to 121.

This experience demonstrates with almost mathematical accuracy the fact that, during the past five and a half years, in the five thousand homœopathic insurants *eleven* lives have been saved by adhering to the conservative influence of the homœopathic method of medical treatment.

After having tendered a vote of thanks to Dr. Hunting for his entertainment, and the adoption of a resolution appointing the next meeting to be held at the Dispensary, the Society adjourned.

HOMEOPATHIC MEDICAL SOCIETY OF ALLEGHANY COUNTY, PA.

REPORTED BY J. H. McCLELLAND, M.D., SECRETARY.

HOMŒOPATHIC HOSPITAL, PITTSBURG, Nov. 10th, 1871.

MEETING called to order by the President, Dr. J. C. Burgher.

Present: Drs. H. Hofmann, Marcellin Cotè, L. M. Rousseau, C. Baelz, W. R. Childs, J. S. Rankin, L. H. Willard, J. F. Cooper, J. C. Kennedy, W. H. Boardman, C. P. Seip, J. C. Burgher, J. H. McClelland, and associate members Rinehart and Cotant.

The Secretary appointed Mr. C. C. Rinehart Assistant Secretary, in accordance with a resolution of the Society.

Dr. Burgher, Chairman of Chicago Relief Committee, reported that he had received and forwarded to Dr. A. E. Small, in all, \$400, which was \$100 more than the Society had pledged itself to raise. This was a special contribution to the physicians, and was in addition to what had been subscribed by the members to the general fund.

After the transaction of some other business, Dr. C. Baelz, essayist of the evening, read a paper upon the subject of *Vaccination*. [See April No.]

Discussion.

Dr. Childs, referring to the statement in the paper just read that daily ablutions and general cleanliness were better prophylactics than vaccination, related two cases where he had vaccinated with good virus, which did not take, but variola *did* a short time afterwards. He ascribed this result to the filthy condition of the persons and their surroundings.

Dr. Cotè remarked that the variola was probably in the system before the vaccination.

Dr. Seip related a case similar to that of Dr. Childs.

Dr. Willard thought vaccinations often do not take because the protective influence of previous vaccinations remain; but subsequently this dies out, and leaves the individual susceptible of either variola or vaccination. He found this to be the case in the navy; vaccination would take in some men who, a few months or even weeks previously, had been vaccinated without effect.

Dr. Rankin substantiated Dr. Willard's statement. He had no doubt of the virtue of vaccination; Jenner had tested it by inoculating without effect persons previously vaccinated. Thought that protection was sometimes transmitted from parents to children, hence some persons may never be susceptible to either vaccination or small-pox. Thought there was greater safety in using kine virus, as diseases might be transmitted from other children.

Dr. McClelland agreed with Dr. Baelz that cleanliness and hygienic measures were eminently proper, but we had so many examples of the prophylactic virtues of vaccination, that there was no room for doubt. Besides, the principle is correct; it is in accordance with the law *similia*. Had used with satisfaction virus rubbed up with glycerine, which he preserved in a pointed glass tube (like a sharpened lead-pencil, only smaller), with a cork which is forced in the tube and presses out of the pointed end just the quantity desired. This end is then closed with sealing-wax, which is readily removed. He always used cow-pox virus when it could be procured, as he felt convinced that diseases could be transmitted through impure virus. Had treated a number of cases that could be distinctly traced to this source. Dr. Rankin and himself had vaccinated a young heifer with the hope of securing an abundant supply of virus.

Dr. Childs also believed evil effects followed impure vaccination. Had seen a case of sycotic eruption following vaccination, lasting eleven years.

Dr. Coté had seen all manner of scrofulous diseases developed from vaccination, and years ago almost determined to quit the practice; but for eighteen years had used nothing but cow-pox virus, and has never observed any evil effects follow.

Dr. Kennedy had also observed bad results from vaccination with impure matter.

Dr. Burgher said isolated cases should not be received as conclusive. Many eminent physicians thought it impossible to transmit diseases by vaccination. He did not think it possible himself. Latent diseases may be developed by vaccination, as during dentition. Dr. Seaton had taken lymph from a vaccine vesicle in close proximity to chancre without transmitting syphilis. All that is necessary is to be careful in the selection of scabs.

Dr. McClelland. If this be so, why need care be exercised in selecting matter? Why not take every scab that comes along? He believed that no careful physician would use a scab from a child covered with syphilitic or scrofulous ulcers, no matter how they might theorize upon the subject.

Dr. Cooper did not agree that no evil effects followed the use of cow-pox virus. The severest case he had this season had followed what purported to be cow-pox virus. He usually vaccinated about fifty persons with a scab, and seldom found bad effects in more than one or two of these. Did not believe diseases could be transmitted. Found persons of florid complexion took best. The crust should not be too thin, and should be dark and firm in the centre.

Dr. Rankin thought diseases might be transmitted, and hence care should be exercised. Thought the Boston virus was not very reliable.

Dr. Hofmann did not believe diseases were transmissible by vaccination. Not more than one in twenty ran anything but a natural course, and these exceptional cases were not referable to the virus.

Dr. Seip had no trouble with vaccine, and had seen no evil results.

Dr. Côté considered the German virus pure.

Dr. Hofmann believed that much of it was vaccine lymph rubbed up in glycerine.

Dr. Côté had noticed secondary vaccinations to be often more severe than primary.

Drs. Baelz and Rankin had not noticed this, but rather the contrary.

Dr. Cooper thought scabs were not fully protective beyond the second remove.

Dr. Willard referred to Dr. Pearce's book, wherein it was stated that of one thousand persons vaccinated, forty-eight had scrofulous and syphilitic diseases directly traceable to vaccination. He thought this testimony should be received, and believed diseases were transmissible by this means. A German physician in Venezuela told him that all he vaccinated with scabs showed evil effects, while imported virus had no such effect.

Dr. Rankin was appointed essayist for January.

Adjourned.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY.

THE Central New York Homœopathic Medical Society held its quarterly meeting at Dr. Miller's office, Syracuse, on the 21st of December, 1871. This organization is composed of fifty-nine members, but owing to a severe snow-storm the attendance was small.

MORNING SESSION.

Present: Drs. Spooner, Clary, Seward, J. G. Bigelow, Hoyt, Wallace, Marks, Swift, Smith, Boyce, Benson, McManus, Hawley, Dada, and Miller. The President, Dr. Spooner, occupied the chair.

The minutes of the last meeting were read and approved. The Treasurer's report was read. Several members paid their dues.

Prof. Frost's second paper, an able and elaborate treatise on the *Treatment of Meningeal Tuberculosis*, was then read by the Secretary, giving great satisfaction to the members present. Drs. Seward and Hawley pronounced it a very valuable and exhaustive paper. (See p. 345.)

Dr. Hawley related a case of this disease in which the child had convulsions, large head, sweaty feet, full round abdomen, blue eyes, and light hair. One dose of Calc. carb.^{cc} at once relieved the spasms, which never returned, and a steady improvement progressed to a complete cure without further medication.

On motion of Dr. Benson, a vote of thanks to Prof. Frost for his invaluable contribution to the Society was unanimously passed, and the Secretary was ordered to remit to the Professor the postage and expense of copying the document.

Dr. Marks related a case of dyspepsia of eight months' standing treated allopathically during six months without success. Symptoms: great emaciation, teeth brittle and crumbling, thirst, vertex heat, cold feet, diarrhœa, worse early A.M., &c.; cured in less than four weeks by Sulphur, followed by Calc. carb.

AFTERNOON SESSION.

In the President's absence, Dr. Swift was elected temporary Chairman.

Dr. Boyce read three very valuable provings of Baptisia, made by Dr. Wallace, who did not know the name of the drug to be proved. There is a remarkable uniformity in results, though each successive proving developed some new symptoms. (I will soon forward these excellent provings.—H. V. M.)

Dr. Spooner now arriving took the chair, and reported a case of obstinate chronic sore-throat, with seven large seedy warts on the root of the tongue. The whole case was speedily cured by four doses of Lachesis, the warts suggesting this remedy.

Dr. Boyce inquired of the Society what remedy, if any, was found to be chiefly indicated this winter in diphtheria?

Dr. Miller stated that he had found more Lachesis cases of diphtheria and sore-throat than any other kind, the inflammation and exudation commencing at the left tonsil, and thence extending to the right. Lycopodium cases ranked next in frequency, the disease being developed in an opposite direction. He had used chiefly the 200th, but sometimes the 30th and 4m. In one case when the first-mentioned two potencies failed, the last speedily cured.

Dr. Clary doubted about their being any real diphtheria nowadays. He did not meet with any in his practice.

Dr. Hawley made a differential diagnosis of diphtheria and ulcerated sore-throat, and gave his experience several years since in aggravated forms of the former. Mercurius was the chief remedy for the latter.

Dr. Swift also favored the Society with his valuable experience in treating malignant cases of diphtheria.

Dr. Boyce stated that he used *Lachesis* as a specific in all cases of diphtheria that came into his hands this winter, without regard to special indications. He reported a case of a malignant form, with terrible fetor, patches in the fauces extending to the nostrils and larynx, and terminating in croup; cured by *Lach.*^{2c}. One child in the family had previously died of the same disease.

The treatment of diphtheria was further discussed by Drs. Hawley, Swift, and other members present.

Dr. Miller reported some cases of "Clinical Experience." (This paper will be published in our next —ED.)

The treatment of uterine disease being next in order, Dr. Dada read an interesting paper on the prevention of such complaints. (In April.)

Dr. Boyce read an elaborate treatise on the pathology of uterine diseases. (Not yet received.—ED.)

Dr. Clary thanked Miss Dada for her suggestive paper. He disbelieved the statement of authors that incomplete prolapsus uteri caused such great disturbance. A majority of women have this complaint, but anteversion and retroversion are very uncommon. He scarcely ever finds such cases. Specialists magnify these disorders. He related cases where they had imposed upon the credulity of their patients. One woman said a specialist had removed two tumors from her vagina with his finger. These looked like *shreds of membrane!* Female diseases are very troublesome, but they often existed in the patient's imagination. He said the uterus does not possess acute sensibility.

Dr. Boyce replied that hyperæmia and various diseased conditions produced increased sensibility of the uterus.

Dr. Hawley expressed grave doubts whether these complaints could be cured without reform in styles of dress. If local applications effected any relief, it was but temporary, and they often resulted in metastasis. But homœopathic remedies, aided by proper hygienic measures, would cure such diseases. He related a case of subacute metritis, with leucorrhœa, pressing-down sensation, cough on exposure to cold air, inability to walk without great exhaustion, when sitting down always sat on her heel, often lifted up the dress from the uterine region. Case cured by *Lach.*^{cc}, two doses; followed by *Bell.*^{cc}, two doses.

Dr. Benson indorsed Dr. Hawley's remarks and Dr. Dada's paper. He stated that one cause of these complaints, especially in married women, was the application of the bandage after parturition. This, with supporters, ought to be discountenanced. The uterus being placed at right angles with the plane of the pelvis was liable to be pressed down by a tight bandage.

Dr. Hawley said that after wearing the bandage two or three weeks, patients on removing it felt as if they would fall to pieces. He had not in fourteen years applied a bandage.

Dr. Clary dissented from these opinions. He favored the application of the bandage for support, and to prevent hemorrhage.

The President stated that kneading the uterus tended to excite contraction, and thus prevent hemorrhage.

Drs. Seward, Hawley, Benson, Wallace, and Miller testified that patients generally made a better recovery without than with the bandage. Dr. Hoyt seldom used the bandage. Dr. Boyce approved a moderately tight bandage, because patients felt supported by it. It keeps the uterus from "*sloshing around*."

Dr. Hawley said this comfortable feeling given by the bandage lasted but a few hours.

Dr. Bigelow used both the bandage and ligature. He had no experience with non-ligation of the funis, except in one case when by the carelessness of the nurse the cord was not ligated, and an exhausting hemorrhage ensued, making a long night journey necessary to apply the ligature. The Society generally had no experience in non-ligation.

Dr. Frost reported a case of suppression of leucorrhœa by local applications, which were followed by severe stitches in the abdomen, aggravated by the least motion. Bry.^{cc} soon relieved the pains, and restored the discharge.

Dr. Stow also reported a case of metastasis from same cause.

Dr. Miller read a paper on the "Treatment of Uterine Diseases by Characteristics." (See p. 364.)

Dr. Clary said he wished he had as much faith in homœopathy as Dr. Miller had, and then he would like to live a hundred years to practice medicine.

Dr. Boyce related a case of chronic prolapse of the womb, cured apparently by taxis, repeated every day for several days.

The Secretary read an obituary of the late Dr. Lovejoy, of Owego.

Dr. Swift pronounced a eulogy upon his character. He said Dr. Lovejoy had an extensive practice, and that he was a pioneer of homœopathy in Southern New York.

Dr. Hawley related a case of convulsions with blue face, stertorous breathing, and inability to swallow; beautifully cured by the inhalation of Opium, the 6th, inhalation being suggested by Dr. Baker. Every time convulsive motions returned this inhalation promptly relieved them, and soon effected a complete cure.

Dr. Swift with Opium had cured a case of stupor following typhoid fever.

Dr. Clary related an anecdote of Mrs. Hahnemann.

Dr. Seward reported some interesting cases in his practice. (In our next issue.—Ed.)

Dr. Miller presented his second paper on "Hygienic Ventilation." (Will appear shortly.—Ed.)

Subject for discussion at next meeting: "*Treatment of Diseases of the Mucous Membranes of the Uterus and Vagina*."

The Society adjourned to meet on the third Thursday in March, 1872.

THE

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No. 9.

ON VACCINATION.

BY C. BAELZ, M.D.

(Read before the Alleghany Co. (Penna.) Homœopathic Medical Society.)

By referring to the life of Jenner, we find that the discovery of the prophylactic power of vaccination was the result of a long series of observations and experiments. His attention was attracted to the nature of cow-pox in the following manner. He was pursuing his professional studies in the house of his preceptor, when a young countrywoman came to seek his advice. The subject of small-pox being mentioned in her presence, she observed: "I cannot take that disease, for I have had cow-pox." This was before the year 1770. It was not until 1775 that Jenner had an opportunity to inquire into the truth respecting cow-pox, and five years later he began to see his way clearly to the great discovery in store for him. But the actual experiment was delayed until May 14th, 1796, when he inoculated the boy Phipps, with matter taken from the hand of a girl who had been directly infected by the cow.

The method of vaccinating, and the phenomena of cow-pox, as observed in the human subject after vaccination, claim our first and chief attention.

Except under circumstances of special risk (as, for in-

stance, when small-pox is in the neighborhood, children should only be vaccinated when they are apparently in good health. Diarrhœa, and skin diseases especially, contraindicate vaccination; and it is important to see that there is no chafing behind the ears, or in the folds of the neck and groin. As the mortality among children is generally very great, it is obviously expedient that children should be vaccinated in very early infancy, provided health permits.

Dr. Seaton, in his comprehensive article on this subject, observes, that plump and healthy children living in large towns, should be vaccinated when a month or six weeks old; in more delicate children, the vaccination might be postponed till they are two or three months old; but all, except those whose state of health positively contraindicates vaccination, should be vaccinated by the age of three months. This early age has also the advantage of being free from the irritation of teething.

The lymph to be used should always be taken from a healthy child and from thoroughly characteristic vesicles; and when lymph in all respects satisfactory cannot be procured, as is often the case, the operation should be postponed. Lymph is usually taken when the vesicle is fully formed, which is about a week after vaccination; if it is not taken until the areola is complete, its protective power is *far less* certain. Prime lymph has always a certain degree of viscosity. A *thin serous lymph*, even from a vesicle which is not advanced, *is to be avoided*. Babies are much better lymph-givers than older children and adults, and children of dark complexion, not too florid, with thick, smooth, clear skin, yield the best and most effective lymph. Lymph should always, when practicable, be passed from arm to arm; and preserved lymph should only be had recourse to when a vaccinated child cannot be obtained. A good vesicle freely punctured on its surface, exudes enough lymph to vaccinate five or six children.

The process of vaccination consists essentially in introducing the lymph into the structure of the true skin, or in bringing it into contact with the absorbing surface. This may be effected in various ways, the operation being extremely simple: 1. By puncture from above downwards; 2. By scarification with a charged lancet; 3. By scraping the epidermis until the absorbing surface is reached.

When the operation has been successfully performed, the skin at the spot becomes slightly elevated, hard, and red on the third or fourth day; on the fifth or sixth day a vesicle of a bluish-white color forms, which presents an elevated edge and a depressed cup. It is distended with clear lymph and attains its perfection on the eighth day. On the ninth day, the vesicle is surrounded by an inflamed ring or areola, and on the ninth, tenth, and eleventh days, the vesicle becomes a pustule, the cupped form disappears, the areola enlarges until it becomes a circle of a diameter of from one to three inches. On the twelfth, thirteenth, and fourteenth days, the pustule dries up, and in the course of the next week the scab separates and falls off; seldom remaining on as long as the twenty-fifth day. A cicatrix is left, which commonly is permanent throughout life, at times, circular, and at other times, oval, somewhat depressed, dotted or indented with minute pits, and in some instances, radiated. The establishment of the areola is accompanied with constitutional disturbances, as indicated by restlessness and heat of surface, derangement of stomach and bowels, and occasional swelling of the glands in the axillæ. These symptoms are seldom severe, but are seldom quite absent. It should be borne in mind that a vaccination representing any deviation from the perfect character of the vesicle, and the regular development of the areola, is not to be relied on as protective against small-pox.

I have made a few extracts from the *Berlin Weekly Medical News*, having reference to this subject.

Small-pox is at present epidemic in Berlin, and in fact throughout Germany, and causes great discussion among the profession.

A Dr. Shlessinger proposes compulsory revaccination between the ages of ten and twelve, and hopes by these means to destroy the frequent recurrence of these small-pox epidemics, and also produce a fresh and sufficient supply of vaccine lymph to carry vaccination successfully farther.

To this, Dr. E. Miller, director of the Imperial Vaccine Institute, replies, that lymph gained by revaccination is not identical with lymph gained from first vaccination, is modified, and would be unprotective when carried further.

It has occurred to me, since reading the above, that the use of virus gained by revaccination would account for so much unprotective revaccination here.

Dr. Shlessinger further remarks that elderly persons were not affected by animal lymph during the present epidemic, but were affected by human lymph eight or ten days later.

Dr. Werner speaks, in another article, about the prejudice people have against vaccination, fearing that other diseases might be transferred to them by the operation. He wishes such prejudice to be discountenanced, as there is no danger from other diseases when the lymph is not mixed with the blood of the individual from which the lymph has been taken. The vaccine lymph he found, during a practice of twenty years, entirely specific, and not influenced by any other dyscrasia; just as a syphilitic virus taken from a scrofulous, or other sick body, would be productive of nothing else but syphilis, so would vaccine virus transferred from one arm to the other, without the blood of the infected person, be productive of nothing else but the vaccine cell. Lymph mixed with blood should be rejected.

A great variety of opinion seems to prevail in Europe,

as well as here, among professional men, as to how best to protect their charges from infection by this scourge.

Having once passed safely through an attack of small-pox, was considered as giving immunity from further attacks. Then, again, having been inoculated was looked upon as a preventive for lifetime. Last, vaccination and revaccination with cow virus, is now considered the surest prophylactic by the great mass of medical men, a very intelligent minority excepted.

The present epidemic, as far as my observation has taught me, has not been checked by any or either of these. People were attacked who had had small-pox or varioloid before; others, who were inoculated, and many who were vaccinated a week or two previously, were attacked, and some died. In consideration of these facts the question arises, Is there a positive prophylactic against this disease, when it appears of such a malignant type as the present one?

What localities, and what class of people are the most exposed to this malady?

Generally it is to be found in streets and alleys crowded with laboring people; where numbers of them are crowded together in one or two small, ill-ventilated rooms, where they wash, dry clothes, cook, and sleep, are provided with bad water (in this city), and often with poor food, &c. Only as an exception it attacks the better class of people, who live in easier and healthier circumstances.

In the country, where there is plenty of good air and water, the disease seems to have no foothold at all.

In summing up the whole subject I have come to the following conclusions:

1. The disease makes its appearance under different types, like other blood poisons, and finding proper localities and subjects for incubation and propagation, it appears under such circumstances either mild or malignant.

2. In what manner this specific poison attacks, whether by atmospheric (atoms of virus floating in the air as dust

act as germs on settling) or telluric influences, or both together, has not been ascertained, and is, therefore, not readily controlled.

3. As the epidermis, as well as the mucous membrane, sustains the main attacks of the poison, for that reason I consider as good a prophylactic, and a more physiological one than vaccination, daily ablutions of the body, plenty of fresh air, pure water for drinking and cooking, good food, and abstinence from articles in excess of carbon, and the utmost cleanliness in and around dwellings. The case of Tom Sayers, the pugilist, shows what the observance of hygienic laws will do. Being under training when an epidemic broke out in England, he was vaccinated thrice, and inoculated with small-pox once, and at no time did either virus find a field for incubation. So much for hygienic living during epidemics.

CARBOLIC ACID IN VARIOLA.

BY C. S. MIDDLETON, M.D.

AT the suggestion of my venerable friend James Kitchen, M.D., I used this drug during the recent epidemic of scarlatina which prevailed here to such a fearful extent, and with excellent effect, as it seemed to destroy the poison coursing through the veins of the little patients, and to put a more favorable aspect on the most hopeless cases.

I confess to a degree of timidity in using it at first, lest I should not benefit my patients as much as I might otherwise do.

During the present epidemic of variola it has been my lot to treat about thirty-five cases of various degrees of intensity, but a few of these will suffice to illustrate the beneficent effects of carbolic acid.

Although believing in the power of carbolic acid to destroy, to a certain extent, the poison or contagion of

variola, I was yet slow to leave the beaten track for what might prove a chimera.

However, a bad case of variola confluentes, a little girl aged 9 years, came upon the tapis. I expected to lose her, as she presented many unfavorable symptoms.

This case (which I shall designate as No. 1) was the first in which carbolic acid was prescribed, but in *alternation* with a homœopathic remedy, and not until near the close of the second week. I had the satisfaction of seeing my little patient rally, the secondary fever became lighter, and she recovered.

Case No. 2 was a woman aged 30; pregnant five months. This case was a confluent one and bad from the beginning. Commenced using the acid a few days after prescribing it in Case No. 1, and in the same way. The patient improved up to the fourteenth day, when labor set in, with flooding, and she died.

From subsequent experience, I am satisfied carbolic acid improved her condition, and but for the unfortunate pregnancy she would have recovered.

No. 3. Variola confluentes. A young lady aged 21. I was fearful this patient would die before eruption could take place, but succeeded in getting a full complement of pocks. This is the first case in which I struck out boldly and gave the remedy a fair trial. As I before remarked, she was very ill, and I was fearful she would not be able to sustain the suppurative stage.

Commenced the use of carbolic acid on the fourth day of eruption; by the sixth and seventh day, tongue was very thick, throat sore, hoarse, and head and face badly swollen. On the morning of the eighth day of the eruption, as I entered the room I thought I detected some of the pocks drying on her hands and arms. I felt alarmed, spoke to her, and found she answered distinctly and in a clear voice.

The tongue had cleaned, pulse improved, and I felt easier. Hundreds of the pocks on her hands and arms

were drying, improvement went on rapidly, appetite good, *no secondary fever*, and by the twelfth day of eruption the pocks were dry over the entire body.

Case No. 4. A lad 18 years of age. Here, as in the preceding case, there was no room for more pustules. Commenced the use of carbolic acid on the fourth day of the eruption. This case was cut short, even more so than the preceding one. The face and head were not swollen for more than twenty-four hours; then all subsided and the patient got well rapidly and without secondary fever, and by the time he was able to go down stairs, he had very little appearance of having had small-pox.

I could add several more to the list already presented, but they would be but repetitions of the last two.

I wish to say, however, that in two cases in babies about one year old, I was not successful; but as neither had been vaccinated, and as they were so young, my confidence in the remedy in consequence is not impaired.

It will be observed that the remedy was not used until the eruption had been fully established; this I felt to be the safer way, as I feared by using it too soon I might embarrass nature in her efforts to throw the disease upon the external surface, and thereby produce congestion of some noble organ within the body; consequently, I made use of my best efforts to first get the eruption on the surface through homœopathic remedies, and then when I had the enemy in open ground to fight him squarely.

In all these cases I used the first decimal dilution, about ten drops in half a glass of water; a teaspoonful every two hours.

The success attending the cases cited, with others not mentioned, leads me to feel it a duty to urge upon the profession the importance of giving this remedy a fair trial in this loathsome disease, if thereby we can save our patients suffering and time. If this effect of carbolic acid be universal, it will prove a valuable remedy in all zymotic diseases.

CORRESPONDENCE—VARIOLIN IN SMALL-POX.

ERIE, February 15th, 1872.

ROBT. J. McCLATCHEY, M.D.

MY DEAR DOCTOR: When I wrote you, informing you of my inability to attend the meeting of the State Society on account of the sudden and severe illness of my wife, I had not determined what disease was approaching, but as she was attacked almost at the last moment, and as I saw that her condition was such as would prevent my leaving her, I immediately informed you, and forwarded to you my address. But the letter was not long out of my hands when I discovered that I would again have an opportunity of testing the curative virtues of Variolin²⁰⁰.

The disease was ushered in by premonitory symptoms of unusual severity; the pulse was 120, and the thermometer indicated 105°. On Monday one poek appeared on the forehead and several on the head; during Tuesday night the eruption came out fully, and the case became semi-confluent. She took Variolin²⁰⁰ from the first; the eruptive stage was completed in three days, the suppurative stage in two, attended with very little secondary fever, the pulse not rising above 104, and in precisely one week from the first symptoms of invasion desiccation had commenced. To-day is the fifth of desiccation, the pustules have all dried up into hard brown scabs (not a single one burst), and, except a very few, perhaps two dozen over the whole body, have fallen off. To-day (the twelfth of the disease) she sat up. She will not have a mark.

That the rapid progress of the disease could not be ascribed to its mildness will be evident from its form, semi-confluent, also from the fact that it was complicated by an exhausting menorrhagia, and, furthermore, that she was attacked at various times with "sinking," at which times, and especially during one night (the fifth) the eruption receded several times, the extremities became cold and bathed in a profuse cold perspiration, the pulse feeble and rapid, and debility so extreme that she was able to articulate only with the greatest effort. I scarce expected she would live through that night. Ars³⁰ and brandy removed this latter dangerous condition, and the eruption remained permanently on the skin. Drowsiness, with inability to sleep, and with fantastic and frightful visions, of persons coming to kill her, of many persons being in her room and talking to and of her, as soon as she closed her eyes, disappearing when she opened them, and with fear to go to sleep from these causes, was corrected by one dose of Ign³⁰, and sleep followed.

While Variolin "makes the progress of the disease much milder; changes imperfect pustules into regular ones which soon afterwards dry up; promotes suppuration on the third day, and excision on the fifth, sixth, ninth day, and prevents all scars" (Raué), my experience in a number of cases has not confirmed the statement that it "removes quickly all dangerous symptoms" (*ibid.*), neither does it prevent their occurrence, though I believe there is less liability than under other treatment.

While it exercises a specific influence in controlling the disease and shortening all its stages, at the same time rendering it much more endurable, symptoms of a dangerous character may and do arise during its administration which call for the exhibition of other remedies. Therefore, it should be administered from the very first in order that its specific effect may be obtained, and if other remedies be called for by special symptoms, it can be suspended until the necessity for them has passed.

Very fraternally yours,

W. JAMES BLAKELY.

CLINICAL EXPERIENCE.

BY H. V. MILLER, M.D.

(Read before the Central New York Homœopathic Medical Society, Dec. 21st, 1871.)

SURGICAL CASES.

Stricture of Urethra. Berb.

A PATIENT complained of the following symptoms: Urinary tenesmus when not urinating, felt just above fossa navicularis; worse when standing and when walking; smarting in fossa navicularis after micturition; urinates freely except just before the close, when the stream suddenly stops. Afterwards a few drops escape involuntarily; urine dark; profuse sweat of the parts when walking; varicocele of left side; soreness in left inguinal region and thigh, extending to left testicle; feels drowsy all the time; has not been exposed to gonorrhœa.

During three weeks, various medicines were administered unsuccessfully. 1869, August 9th, additional symptoms recently developed; constant burning sensation in left testis, epididymis, spermatic cord, and urethra; emission of semen premature during coitus. The symptoms led to the choice of *Berberis*, which speedily cured the whole case.

Pterygium. Arg. nit.^{co}

One case, having a pink color, was cured by a few doses of *Arg. nit.*

Another on cornea, with great photophobia and dis-

tended veins, proceeding from the external canthus towards cornea (Calc. phos.), began to improve under Sulph.^{6m}; one dose. In a few days, for the first time in the child's life, an itching papular eruption appeared upon the trunk. The improvement continued about two weeks, and then ceased, notwithstanding a repetition of the same remedy. After two doses of Calc. c.^{6m}, the pterygium gradually diminished, and in seven weeks from commencement of treatment, seemed to be entirely well.

Gonorrhœa.

A case of Gonorrhœa, with serous, whitish discharge, was cured in a few days with Sulph.³⁰ and ^{cc} and tepid water injections, after injections of nitrate of silver and sulphate of zinc had failed.

Another case of Gonorrhœa, with chordee, smarting micturition, redness of meatus, and thick, creamy discharge, was speedily cured with Caps. and tepid water injections.

MEDICAL CASES.

Acute Bronchial Catarrh. Sulph.^{cc}.

A patient had coughed for several weeks, with soreness of upper portion of chest, and slight whitish expectoration; aggravation during the day, and in the evening, on lying down; cough occasioned by an itching sensation in the bronchia, and accompanied by retching; hot flushes; cold feet; faint and hungry at ten A.M.; rheumatic pains in knees and hips at night, with soreness and coldness; itching of skin on retiring; allopathic mixtures of no avail. Sulph. was followed by a speedy cure.

Sticta.—Severe, dry, racking coughs, with splitting frontal headache, occasioned by a tickling sensation in right side of trachea, below larynx. Several cases last fall. Stict.³ gave speedy relief.

Rhus tox.^{cc}.—Case of dry cough during the day, wrenching the epigastrium; excited by talking or singing; shoulders and cervical muscles stiff and lame on first

moving; better during exercise. *Rhus tox*^{cc} acted like a charm, relieving cough and rheumatism.

Cephalalgia. Puls.^{cc}.

A lady with blue eyes, light hair and complexion, had severe pain in left causality, continuing all day since waking in the morning; worse from the heat of the stove and when passing a hot stove; bad breath. *Puls.* completely relieved in a few minutes.

Diarrhœa. Aloes^{cc}.

A child had diarrhœa for a week or more, almost involuntary, with sudden call. It continued every morning from two to nine A.M.; stools yellow, fecal. *Aloes* quickly cured.

Post-scarlatinal Dropsy. Hell.

Indications: urine scanty, dark-colored, with floating dark motes and coffee-grounds sediment.

Another case, with same characteristics except the sediment, was greatly relieved by same remedy. Afterwards, several times, there was an alternation of symptoms. From midnight to one o'clock A.M., there was great orthopnœa, requiring *Ars.*, or by day, a return of dark urine with floating dark motes, calling for *Hell*. These remedies, given according to such indications, made a speedy and satisfactory cure.

Intermittent Fever. Sulph.^{cc}.

An obstinate case, characterized by hot flushes and hot soles at night, was speedily cured last September, by a few doses of *Sulph.*^{cc} after massive doses of quinine had failed even to suppress the paroxysms. The patient, who had long had poor health, soon began to gain in flesh and general health.

Intermittent Fever. Nat. mur.^{cc}.

September 26th, 1871, H. T. T., æt. 65 years. Over six years ago, he removed from Tully to Indiana, and soon

afterwards he was attacked with ague, which obstinately continued for sixteen months, in spite of the persistent use of quinine. This would temporarily suppress the paroxysms, which finally subsided after sixteen months, when he revisited the uplands of Tully. The change of climate seemed to develop the disease, for the paroxysms soon returned, and continued unabated for five months, under the same treatment as before. At the end of five months, the patient got desperate and started on his well day for Indiana, hoping that the disease would subside when he reached his new home. This proved to be the case, and thenceforth for four years, he had no more ague, though his general health was poor. He took more or less of quinine, at intervals, and had dyspepsia, liver complaint, suppression of urine and china-cachexia. After four years' absence, he revisited Tully, when to his surprise the tertian ague returned with redoubled violence. Hearing that salt water was good for ague, he tried that remedy, but it produced emesis and did no good. The same physician as previously, was then called, but the patient refused to take any more quinine, for he had used it more or less, during six years, and he was satisfied that it did him no good, yet if the doctor had any new ague medicine, he would try it. Fortunately the doctor had heard of the wonderful efficacy of oxalic acid in ague, and this he gave for two weeks, but instead of getting better, the patient rapidly grew worse, and the friends feared he would die of congestive chills. I was then requested to prescribe without seeing the patient. Symptoms: chills began every other day at about ten A.M., and continued one and a half hours, with severe shaking; then heat all the afternoon, and finally profuse and effusive sweat all night. During chill, tremendous aching in knees and legs. During heat, much thirst, terrible headache, and delirium. During sweat, relief of symptoms. A single dose of Nat. mur.^{cc} was prescribed, and no other medicine given. November 1st, the patient took the

dose and has had no ague since. He has rapidly improved in general health and is now apparently well.

REMINGTON, IND., December 3d, 1871.

DEAR DOCTOR MILLER:

After this long delay, I will endeavor to redeem the promise I made you in Syracuse. . . . I returned to my Indiana home somewhat tired and weak from the effects of ague and fever, which I had in Tully, but the chills and fever have not returned, and I have reason to believe that the little dose you sent me when in Tully has effected a cure, as I am growing *stronger and fleshy*, have a good appetite, sleep well, am busy every day at work about the farm, and am able to do as much as any one of my age. I have taken two little tastes of your ague medicine, thinking it might be beneficial in this ague country, but I think the one dose was sufficient for my case. I have given out three doses to three Hoosiers, one to each; have not heard from one of them, but the other two have been made well. If it were in ague times, I should be called upon quite often for medicine, for my case has made a very great impression here. There are no homœopathic physicians in these parts, and a medicine like yours would be in great demand in ague times. I will close by thanking you for your treatment and advice in my case, and if sick I shall remember to send to you.

Very truly yours,

H. T. TALLMAN.

Ovarian Tumor, and Hysterical Convulsions resulting from Ovaritis. Coloc., Arn., Bell., Cham., Lach.

1871, July 14. Miss L. A., about thirty-five years old; black hair and eyes and dark complexion; has boring, then stitching, pain in right ovary, which is swollen about the size of a hen's egg and sensitive to the touch; some relief from hot applications; pain causes her to double up. Coloc.^{ce} gave prompt relief.

July 15. Same pains returned; same remedy.

July 21. Pains relieved until to-day. Great soreness in right ovarian region; has to stoop when walking. Arn.^{ce} gave relief until July 31, when there were soreness and shootings from right ovary down thigh; wants to double up; relief from pressure; feels cross; always costive. Coloc.^{ce} gave some relief.

August 3. Darting and aching pains in right thigh and

foot, sudden, like lightning; sensibility of right ovarian region; aching pains in small of back; menses tardy; was always regular. Bell.^{cc}.

August 5. Catamenia. This A.M. terrible neuralgic pains in right ovary and thigh, with cramps in calves of legs, feet, and hands; contrary to usual disposition, feels cross and impatient, the pains render her so; some coagula. Cham.^{cc} gave immediate relief.

August 6. To-day she has spasms of the extensor muscles of both arms, chiefly the right; fingers and forearms retracted; spasms in sole of right foot, in back and chest, with dyspnœa. The case seemed perplexing, when she casually remarked that she "dreaded going to sleep." I inquired "why?" She answered that the reason why was because she was invariably worse after sleeping. Lach.^{cc}.

August 7. Better. For a week past she has observed a decided aggravation of all her symptoms from 1 till nearly 3 o'clock A.M., and the same hours P.M. No more spasms, but hard, aching pains, which gradually diminish with a crawling sensation as if a bunch of angle worms spread out from the seat of pain in back, ovary, thigh, and so on. Lach.^{cc} occasionally, according to aggravations.

August 10. Better. Lach.^{4m}, one dose.

August 12. Aggravations still from 1 to 3 P.M. Lach.^{4m}, one dose.

September 2. Relief of pain and spasms and steady improvement in strength until to-day. Some pain now in right ovary. Lach.^{4m}, one dose.

November 1. Has been free from pain ever since, and has steadily improved in strength. She is now well.*

* Dr. Swift inquired what remedy was curative in this case. Dr. Miller.—Evidently Lach.; the previous remedies were either palliative or supplementary to this drug. But Lach. should have been given several days sooner, when the aggravation after sleeping and between the hours of 1 and 3, A.M. and P.M., commenced.

Hysterical Convulsions. Stram.^{cc}.

July 1, 1871. A lady had convulsions, to which she was subject; rigid, nervous chills; teeth chatter; froths at the mouth; faces appear to her elongated, and on first seeing any one, she shrinks back with fear and tries to escape. Stram.^{cc}, one dose, was immediately followed by relaxation of the muscular system. There were no more spasms nor fear. When she had recovered from the chill, she was well, and since that time she has had no more convulsions. Once afterwards, faces appeared elongated and she seemed to be threatened with a return of the paroxysms, but another dose at once removed the symptoms.

Diphtheria. Merc., Phyt.

1871, July 30. Same patient; violent attack of diphtheria; dark-red inflammation of the tonsils, which are covered with a whitish and rapidly increasing exudation. The disease began on the right side and extended to the left (Lyc., Gels., or Sulph.). But Lycop. has not arrested the disease; high fever; thirst; flushed face; pulse 130, 4 to 1; irregular; great prostration; dry, brown, triangular tip of tongue (Rhus.); *bones ache; accumulation of much tough saliva in mouth, with difficult expectoration; great dysphagia; dry cough, with soreness of the intercostals on lower right side of chest (Arn.); slimy stools with tenesmus, which continues afterwards.* (Some years since, she had a similar attack of diphtheria, by which she came near death's door, the venous blood settling under her nails and the doctors giving her up.) R. Merc.^{cc}, three hours.

July 31. The dry, brown triangle at tip of tongue has disappeared; pulse 104, 4 to 1; regular; can swallow better; less inflammation of throat and tonsils, but the patches remain about the same; face somewhat flushed; profuse sweat last night; thirst; *dark-yellow, loose, slimy stool, with griping and tenesmus.* R. ditto. p.m. Complains of aching pain in head, back, legs, wrists; pulse

112; no more diarrhœa, but some tenesmus; throat feels some better; the pulse being higher, Merc. is omitted.
R. Phyt.^œ, three powders.

August 1. Much better every way; patches rapidly flaking off. *Sac.*

Pleurodynia. Arn.œ.

Same patient. P.M. Intercostals exceedingly sensitive to the touch; hurts them to cough; throat nearly well.
R. Arn.^œ.

August 2. No patches; slight inflammation; intercostals well. Then, 5 A.M., diarrhœa and other Sulph. symptoms; were removed by Sulph.^œ.

HAHNEMANN AND MISAPPLIED HOMŒOPATHY.

BY E. A. FARRINGTON, M.D.

To play the part of instructor, demands that the teacher shall have carefully ascertained the truth of what he would impart.

One's judgment is always based on the store of ideas already incorporated in his mind. If, by meditation, he would create new ideas, they must be limited and qualified by the extent and importance of the parental ideas, already accumulated; hence, how easy, with the beginner, whose ideal stock is necessarily meagre and whose eager spirit seizes on every new thought, to impart fallacies which, received and appropriated, make a fearful basis upon which to erect his future temple of knowledge.

I can recall a medical acquaintance, whose early days had monopolized the study of Ammonia. This was the unstable foundation of his lore, and it had tainted all his superstructure. Mention to him a perplexing case of pneumonia or croup, cholera or dysentery, and after long

and deep thought his invariable answer would be, "Have you tried Carbonate of Ammonia?"

This is the basis of hobbyism. No true scientist ever rides a hobby. Each new truth shines with a fresh lustre which delights but never dazzles him. He has a long-prepared niche for it; his orderly system missed a *something*, which he knew must be forthcoming, and which once *seen* was recognized as the missing link.

There are some in the ranks of homœopathy whose names at once recall their favorite medicine, so inseparably united have they become. Scarcely a work of the "Great Translator" but makes us feverish with a multitude of *Aconite* notes! Never teach hobbyism.

But this one-ideaism is not the worst result of a false education. It is rather the result of a paucity of knowledge. But let the student of medicine be invited to listen to medical discussions, such as monthly engross our various societies, and if truth be not there taught, will he not suffer a worse fate than hobbyism? What is the grand cause of the reckless, meaningless theorizing of the day if it be not a false basal education? Begin wrong and the gap between right and wrong widens with each onward step. Let us say with Hahnemann, "*Tolle causam.*"

Quite recently, a society meeting of physicians and students was called upon to listen to an article on "Homœopathy Misapplied."* Its tenets seemed to me too unscientific to disturb even a student's mind; and yet, on leaving the hall, one of them remarked: "I liked that lecture very much." The author, a gentleman of education and integrity, was thoroughly in earnest, and no doubt thought he was promulgating the truth. So did the student think; the latter, because he knew no better; the former, because his collegiate impression of homœopathy was incorrect.

His tenets are, however, in the light of modern science, false. He seems to know nothing of molecular action,

* See Hahnemannian Monthly, vol. vii, No. 8.

direct and indirect action, and disease itself. He asks, speaking of post-parturient hemorrhage: "Will Ipecac. or China coagulate healthy liquid blood? . . . Will Bell., or Sabina, or Crocus contract and retract a broken vessel which has already contracted and retracted so much as is consistent with the laws of its own health?" Now, how can such a sentence be answered unless the interrogator first study the manner of nature's cure of hemorrhage; and still more, *how* medicines act?

But errors of one's own invention may be nursed *ad libitum* if they remain respectfully at home, but when one's aspirations make him a critic of Hahnemann, whose pure teachings, not comprehended, are misjudged, patience ceases to be a virtue.

Misapplied Homœopathy by Hahnemann is a phrase as shocking as it is false, and its author deserves unmitigated censure. Poor Hahnemann, how could he so misunderstand his own discovery as not to see, with our learned author, that his cures of frost-bite and burns were not homœopathic! Strange, too, "that so many of his followers in our day should have made the same mistaken application!"

Now, "in the name of reason, in the name of science," we call upon all to renounce *Aconite* in "foreign substances in the eye;" *Silicia* in the "removal of splinters;" *Cicuta* for "fish-bone in the throat;" *China*, *Bell.*, *Croc.*, *Ipecac.*, for post-partum hemorrhage; *Berb.*, *Nux.*, *Merc.*, &c., in renal colic; else all are, with Hahnemann, guilty of misapplied homœopathy.

CORRIGENDA.—In the September No. of *The Hahnemannian Monthly*, p. 55, in the sentence beginning "Doctor, do you have a dysenteric diarrhoea," &c., omit the auxiliary "do" and the interrogation point at the close of the sentence.

In the November No., p. 167, instead of "when one of their prominent characteristics are present," &c., read, one or more, &c., are present.

Page 169, instead of "complications" read complication.

Page 170, instead of "general subsidence" read gradual subsidence.

H. V. MILLER.

TWENTY-NINTH ANNIVERSARY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE Twenty-ninth Anniversary and Twenty-fifth Session of the American Institute of Homœopathy will be held in *Lincoln Hall*, Washington, D. C., commencing Tuesday, May 21st, 1872, and continue four days.

The usual *Preliminary Meeting* will be held on Monday evening, May 20th, at the residence of Tullio S. Verdi, M.D., No. 1405 G Street, between Fourteenth and Fifteenth Streets, North West.

This will be a very important meeting of the Institute, and the indications are that it will be largely attended. Valuable reports and papers will be presented by the various Bureaus, and the Committees on Legislation, on a Homœopathic Dispensatory, on an International Homœopathic Congress in 1876, &c. The fact that the meeting is to be held at the Capital, under the eye of the Executive and Congress, renders it important that it should fully equal, if not surpass in all respects, any previous meeting of the Institute, in view of the recent agitation created by the proscriptive propensities of the Allopathic school.

The Executive Committee and the Committee of Arrangements will issue circulars of the meeting, and forward to members and others. Blank applications for membership, &c., may be obtained by addressing

ROBERT J. McCLATCHEY, M.D.,

PHILADELPHIA, April 1st, 1872.

General Secretary.

LECTURES ON PSYCHOLOGICAL MEDICINE IN NEW YORK.

NEW YORK, March 10th, 1872.

MY DEAR DOCTOR:

Dr Samuel Worcester, in his article on *Instruction in Insanity*, in the March number of your valuable journal, makes mention only of the old school colleges at which such instruction is imparted. Will you please note in your next issue that, at the New York Homœopathic Medical College, a regular course of lectures on mental diseases was given, at which all second and third course students were obliged to attend, and all candidates for graduation were thoroughly examined on the subject. The text-books recommended were: Maudsley, Blandford, Griesinger, and, on Homœopathic treatment, Baertl and Jahr.

Yours fraternally,

LILIENTHAL.

THE PROTEST AND THE PROTESTED AGAINST.

IN a pamphlet of mine on Count Mattei's medicines, the first part of which was originally published in the *British Journal of Homœopathy*, occurs the following passage: "Whether a command of our homœopathic medicines by those who have all their symptoms by heart, can be rendered as effective as the use of Count Mattei's by even ordinary hands, I will not undertake to say; but, at present, I certainly do not think it is: though a patient of mine, who telegraphed to Hering, some years before he consulted me, an exact account of his neuralgic symptoms, found the famous American's Minié rifle (instead of Minié, one might call it Mini-missime, for it was, if I remember, of the 2000th bore!) carry most unerringly across the Atlantic, and, with a single shot, put an end, not to him, but his long and obstinate complaint. But it is not every one that

knows, or can know, his *Materia Medica* like Hering, and if he could, I venture to think there are plenty of diseases that he could not conquer with it, and which, by the aid of Count Mattei's, he could."

This has called forth a protest from Dr. Hering, who, instead of a compliment, regards it as a sneer, though sneering is not such a blessed thing that I should place it, as many fools do, amongst the beatitudes. I can hardly, however, without a sneer, help saying the Protester, like the Queen in *Hamlet*, "protests too much, methinks." My statement, given *memoriter* from part of a letter hard to read, and which, when read, had been thrown aside and lost, but, fortunately, now is found, will be seen to be aught but "an absolute fiction, not even resting on the foundation of an altered fact," when I quote the *ipsissima verba* of my patient, which I now subjoin without his name; for though I have written for leave to give it, truth will not wait for his reply. His statement is as follows:

... "His cure of me in a terrible attack of neuralgia I should like to give you in detail, but writing tires me a good deal.

"It gave me a very strong bias in favor of the extreme dilutions, of which I have seen several remarkable cases.

"I had been nineteen days in extreme pain under homœopathic treatment in Montreal (neuralgia on the *left* side of the head), when my doctor, who was a candid man, said, 'I am floored—I don't see my way—I am only a homœo. of a few years, and am at a loss. Now telegraph fully to Hering, at Philadelphia; if any man in the world can cure you, he can.' I did most fully, and got two words by return telegram—'Take *Spigelia*.' I had been taking *Spigelia*, 30, for a week with no result whatever, and was disappointed.

"As soon as the post could bring it, came Hering's letter, three pages full—'You have given me so complete and graphic a description of your malady, that I have not the slightest shadow of a doubt of having prescribed the right medicine; but in your case it must be taken in the highest attenuation in which you can procure it.' Dr. B., who was attending me in Montreal, had a small case of medicines he had brought from Hering's man in Philadelphia. We sent for it, and found in it *Spigelia*, 2000.

"I took one dose of this—in great pain at the time and after nineteen days. *In forty-three minutes*, by the clock, I was as free from neuralgia as a new-born babe; two slight recurrences again leaving me to eighteen hours' painless sleep.

"I awoke with perfectly clear head and frightful pain in the right thigh, completely crippling me. Dr. B. gave me *Ledum palustre*, one dose of which drove away the sciatica and sent the neuralgia again into my head as bad as ever, but on the *right* side. We were much put out, but Dr. B., taking up Hering's letter, and reading it *mechanically* again, suddenly started up at the end—'Holloa! what's this?' and there at the end of the third page, with the last ink in the pen, was a tiny *T. O.*

"On the other side, with fresh ink—'If the neuralgia *go to the right side of the head*, take *Thuja occidentalis*.'

"I took two doses of this (in 1858), and have never had a shadow of neuralgic pain since."

It will now be seen how little my story is like the well-told one I have let the patient tell! So the firing was not across the Atlantic, but into Canada, it seems! "An absolute fiction," or, at the least, a very suspicious alteration of a fact, though one that would seem to the moralist as small as to "any one acquainted with modern chemistry and molecular motions," the difference would seem of the telegraphic distance from Philadelphia to England and that from Philadelphia to Montreal. Does such a slight mistake at all affect what my story was meant to show? Journals which have inserted Dr. Hering's Protest are requested, as a matter not of courtesy but justice, to insert this paper also in their columns.

E. ACWORTH.

BRIGHTON, January 13th, 1872.

PUBLICATIONS RECEIVED.

THE CLINICAL DIRECTORY, CHAPTER ON POISONS, &c.: being Part V of the Fourth Edition of Dr. Ruddock's "Homœopathic Vade Mecum of Modern Medicine and Surgery." *Adapted for Professional Use.* London: Jarrold & Sons, pp. 71.

The various works of Dr. Ruddock are noted for their practical character, and for the care exercised in their preparation; and this brochure is the most practically valuable, and most carefully prepared of the number. Perhaps the best thing we can say in its favor is, that during the few weeks it has lain on our desk, it has served a good purpose on several occasions, and promptly led to the selection of a curative remedy. To be sure it might be more full, and many remedies might have been mentioned under the various headings which are not; but Dr. Ruddock does not claim completion or perfection for his work; and, in fact, invites the co-operation of the whole profession to improve future editions, so that it may be eventually perfected. The "Directory" is legibly printed, on stout paper, with wide blank margins for corrections and additions, and will prove a valuable assistant to the practitioner. A chapter on Poisons, their effects, and treatment, is an important part of the book. We would suggest that the "List of Remedies and Attenuations" be omitted in future, to make room for more valuable matter. The list of remedies is well enough, but it is something very like nonsense to prescribe the "attenuations in most frequent use," for the profession.

On sale by Boericke & Tafel, New York and Philadelphia.

DISEASES OF THE SKIN; THE RECENT ADVANCES IN THEIR PATHOLOGY AND TREATMENT. By B. Joy Jeffries, A.M., M.D. Boston: Alexander Moore, 1871, pp. 79.

This work is the "Boylston Prize Essay" for 1871, and consists in a

detail of the views held by recent dermatologists in regard to the pathology and treatment of diseases of the skin; with reference more particularly to the researches of Hebra, the French school, and Wilson, of London. It is mainly a compilation; yet the author does not hesitate to express his own opinions, when they differ from the opinions of those from whom he quotes. He reprobates the apparently unnecessary discrepancies in the classifications of various authorities, and writes in unequivocal terms of the great number of works on dermatology recently issued from the press, more than hinting that the authors of many of these productions are mere book-makers.

Dr. Jeffries has made his essay not only valuable, but, from the style in which it is written, very readable also, a very great merit in a work of the character of this prize essay. In its preparation he has consulted no fewer than one hundred and twenty-one medical authorities, and has *brought down* the subject to January, 1871. He has taken for his motto the following weighty words of Hebra, which are particularly important in the treatment of skin diseases, whether by homœopathic or allopathic practitioners: "He who is always changing his plan of treatment is sure not to attain his object so quickly as one who steadily and patiently applies whatever remedy seems best suited to the case." Advice nearly akin to this was given by a greater than Hebra,—Samuel Hahnemann; and is worthy of attention under all circumstances of medical practice.

The work will serve an excellent purpose as an index to the study of the literature of dermatology, as from it the general practitioner is enabled to ascertain just what works he should study, and many of the points of difference between authorities. It is handsomely printed on heavy toned paper, and well bound. It is on sale by the publisher, and by Claxton, Remsen & Haffeltinger, and may likewise be procured of Boericke & Tafel.

ANÆSTHESIA, HOSPITALISM, HERMAPHRODITISM, AND A PROPOSAL TO STAMP OUT SMALL-POX AND OTHER CONTAGIOUS DISEASES. By Sir James Y. Simpson, Bart, M.D., D.C.L., &c. Edited by Sir W. G. Simpson, Bart., B.H., &c. New York: D. Appleton & Co, 1872, pp. 562.

This is the second volume of the works of the late Sir James Y. Simpson, as republished by the great publishing house of Appleton & Co.; the first volume comprising his writings on Obstetrics and Gynæcology, while the third volume, which is not yet published, will complete the series, and will contain the remainder of his collected writings.

No man of his time, in the allopathic ranks, has left a deeper impression in medical, obstetrical, and surgical art, or created a wider influence with his fellows, than Prof. Simpson. A deep thinker and a vigorous actor, he conceived great plans and carried them out with irresistible

energy; and the power of his great intellect and the strength of his will are abundantly demonstrated in his writings. These characteristics, when exerted in a right direction, could not be productive of other than good results. Happily, the efforts of Sir James were almost uniformly exerted in a right direction, and conduced to the benefit of the profession and of humanity; and even in the only *faux pas* of his career,—his attack on Homœopathy, into which he rushed with characteristic but ill-considered zeal,—his arguments were so completely overturned, and his venom antidoted by Professor Henderson in his able reply, that what was intended as an utter demolition of the system of Hahnemann, did as much for its propagation as the efforts of any of its adherents.

Any review of the papers contained in the present volume would be a work of supererogation. They are so well known, and have been so frequently criticized, that nothing more remains to be said. It suffices to remark, that in the paper on Anæsthesia is given a complete history of the discovery and progress of the means of subduing pain; in that on Hospitalism, Sir James sets forth his views as to the construction and management of hospitals, arguing in favor of numerous small and separated buildings rather than single and large ones; the paper on Hermaphroditism gives a very complete account of these anomalous and so-called hermaphroditic malformations; and in the paper on stamping out small-pox, he favors the system of isolation as the only certain means of staying the progress of that loathsome and fatal disease.

These valuable publications constitute a series of works which should be in the possession of every medical man. They are handsomely printed on fine white paper, are substantially bound, and are in every way creditable to the publishers.

On sale by the publishers, by Claxton, Remsen & Haffelfinger, of Philadelphia, or may be had through Boericke & Tafel.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, 1870. Vol. VIII.

This splendid volume surpasses any of its predecessors in valuable contents, and in the care exercised in its preparation. Fortunate is the State Society that has a State Treasury from which to pay for printing its Transactions, and fortunate again in having a Secretary so faithful, so zealous, and so able as Dr. H. M. Paine.

We notice for the first time the arrangement of the reports under the various "Bureaus," and commend the plan as an improvement on the arrangement of previous years. The principal papers of the *Bureau of Materia Medica* are: Provings of *Robinia pseudacacia*, translated from the French of Houat, by Lilienthal; *Trifolium*, by T. C. Duncan (both of which are beautifully illustrated); a significant proving of *Bryonia* by T. Dwight Stow, and a reprint of Dr. Hale's pathogenesis of Bromide of Potassium. A number of other valuable papers make up a very full report of this Bureau. The *Bureau of Clinical Medicine* presents no fewer than

thirty-two papers, on almost as many subjects; all of which are well written, interesting and valuable. One of these is headed "Case of Cancer, cured by *Chimaphila umbellata*." This case is well worthy of attention and careful study. The *Bureau of Obstetrics* presents twenty papers, including articles on Placenta Prævia, by Lillenthal; Breech Presentations, by J. E. Jones, of West Chester, Pa.; Non-ligation of the Funis, by T. C. Fanning; Cases of Procidentia Uteri, by Henry Minton; Stow's Uterine Elevator (an improvement on Guernsey's); Ustilago in Menorrhagia, by W. H. Hoyt, and other papers of value. The *Bureau of Surgery* comprises eleven papers, as follows: Pyæmic Fevers (illustrated), by Liebold; Forcible flexion for arresting hemorrhage or curing aneurism (illustrated), by Liebold; Non-bandaging Splint (illustrated), by B. W. James; Trephining the Tibia (illustrated), by L. Pratt; A new Eye Speculum (illustrated), by Liebold; Cases in Surgery, by T. D. Stow; Sub-palpebral Eye Syringe (illustrated), by Liebold; Operation for the Relief of Deformities resulting from Cancerum Oris, by Minor; Encephaloid and Scirrhus Cancer of the Eye, by Minor; Case of Encephaloid, by A. M. Bennett; Vaccination by the new method, by F. Seeger.

In addition to these scientific papers, we have the reports of the various County and District Societies; Reports of Delegates to other Societies; Report of the Bureau of Statistics (very valuable); Dr. Dunham's Address before the American Institute; Valuable Statistical Papers, by Drs. Wm. H. Watson and H. M. Paine (hard workers for the cause of homœopathy); Proceedings of the Annual and Semi-annual Meetings, and the addresses delivered thereat. The Address before the Society, by Hon. J. C. Chumaseiro, of Rochester, is a capital effort, and well worth reading; and the same may be said most heartily of the Annual Address of Dr. Searle.

These annual publications of the New York Medical Society constitute a most valuable set of books, increasing in value yearly, as they more and more become the depositories of so many good and choice articles on medicine and surgery.

THE MEDICAL INVESTIGATOR, February, 1872. Chicago: C. S. Halsey.

It is with a feeling of sincere pleasure that we again welcome to our office the *Medical Investigator*, and congratulate editor, publisher, and subscribers on its resumption, and compliment the former for the pluck and energy they have displayed under the most trying and discouraging circumstances. The new number is dated February, and the publisher will issue the burned-up October number as the January number. Thus the journal year will now commence with January instead of October, and as vol. viii closed with the September issue, subscribers must simply content themselves with knowing that certain numbers which might have been were appropriated by the fire fiend, who was too jealous to allow of any other eye than his flaming orb beholding them. The February number is full of good things, and quite up to the old standard. But,

brother Duncan, if you want the new *Investigator* to be quite up to the old, *cut the edges*. Part of the Report of the British Homeopathic Congress; a capital paper on Croup, by Lilienthal; an attack on Dr. Haeseler's Potentiations by Electricity, by F. A. Rockwith; Notes on Yellow Fever, by Dr. Cragin, of Mobile; The Constitutional Effects of Gonorrhœa, by A. W. Woodward, and some Obstetrical Notes, by Dr. Duncan, are the principal papers; but in addition to these are numerous short and interesting articles, editorials, notes, criticisms, &c.

The *Medical Investigator* has no occasion to ask favors of the profession under ordinary circumstances, for its merits are sufficient to insure its success; but having been thoroughly "burned out," even to its subscription book and mail list, its publisher is compelled to ask the kindly offices of the profession, if only for one year, and we hopefully indorse his request.

THE UNITED STATES MEDICAL AND SURGICAL JOURNAL. Vol. VII, Nos. 25 and 26. Chicago: Edited and published by Drs. Ludlam, Small, Danforth, and Foster.

This splendid Western quarterly comes out of the fiery ordeal through which it has been compelled to pass, without even "the smell of fire upon its garments." The October number, which was burned in the bindery, has joined with it the January number, and both are brimful of valuable and interesting articles; among which we may mention: Chronic Diseases of the Organs of Respiration, by Holcombe; Clinical Notes and Observations, by Small; Correlation of Drug Pathogenesis and Pathology, by Hempel; the Plea of Insanity, in relation to Rape and Seduction, by J. D. Buck; Notes on Cimicifuga, by R. T. Cooper; Surgical Treatment of Dysmenorrhœa, by Comstock; Ophthalmic Hints for General Practitioners, by W. S. Searle; Lead Poisoning and its Treatment, by Hoyne; Diagnosis of Ovarian Dropsy, by R. Ludlam; the Surgical Clinics at the Hahnemann Medical College of Chicago; and a pleasing variety of well-written and interesting editorial and other matter. The editorial article, "The Great Fire, medically considered," and a similar article in the *Medical Investigator*, will be read with deep and sympathetic interest by every physician.

Gladly do we, once more, welcome this valuable publication as a regular visitor, and most heartily do we wish its proprietors abundant success. The typographical excellence of the double number before us gives unmistakable evidence as to how far Chicago has recovered from the dreadful shock it sustained, and shows, likewise, what the characteristic American pluck and irresistible Western energy can accomplish in great emergencies.

JOURNAL OF THE GYNÆCOLOGICAL SOCIETY OF BOSTON. Boston: James Campbell.

This valuable journal entered upon its sixth volume with the January number, each monthly part having been increased from sixty-four to

eighty pages by the enterprising publisher. The January and February numbers are replete with interesting and valuable papers on various diseases of women, to a consideration of which the journal is entirely devoted. Among these papers, the most prominent are: *New Gynecological Instruments*, by J. S. Hough, of Philadelphia; *A case of Uterine Fistula*, translated for the journal; *The History and Progress of Gynecology in New England*, by Winslow Lewis; *A Gynecological Summary*, compiled by Dr. H. R. Storer, Jr.; the eighth of a series of papers on the *Relations of the Female Sexual Organs to Mental Diseases*, by Mayer, of Berlin. With the January number comes an Appendix, being a lecture on *Female Hygiene*, by Dr. Storer. In the same number, we notice, as part of the proceedings at the sixty-first regular meeting of the Society, that "Dr. Bixby reported a case of retained placenta, in which the removal was successfully accomplished by means of Loomis's Forceps. He could fully indorse Dr. Martin's commendations of the instrument at a former meeting." On the occasion alluded to, Dr. Henry A. Martin spoke in high terms of the value of this instrument, which is undoubtedly the best that can be used for the purpose. Its inventor was Dr. Joseph Griswold Loomis, now deceased, who formerly occupied the position of Professor of Obstetrics, &c., in the Homœopathic Medical College of Pennsylvania. If these gentlemen were acquainted with this latter fact, they are to be commended for being able to acknowledge that some good could come out of Nazareth, a quality of mind with which not all their colleagues are imbued.

This journal will be a valuable accession to any physician especially interested in the advancement of the knowledge of the diseases of women.

EVERY SATURDAY. Boston: James R. Osgood & Co.

On January 6th, this journal, which had formerly presented itself as an excellent pictorial weekly, reverted to its original form—that of a weekly magazine devoted to the publication of choice reading, carefully gathered from the best and most popular of the foreign serial publications.

It has thus far abundantly fulfilled the promises of its publishers and the expectations of its subscribers, as each issue has been filled with carefully selected and most instructive and interesting reading matter, which has, with us, served to make pleasant many moments, and to break up the current of thought most advantageously. To no one can such a publication as this be more useful than to the busy physician.

In the last *pictorial* number issued, the title-page exhibited the portrait of Dr. Oliver Wendell Holmes, which, we have every reason to believe, was a correct likeness, inasmuch as it was made at the "Hub," where Dr. Holmes resides. Now this portrait should be possessed by every homœopathist in the land, and exhibited as a "frightful example" of what a man may come to who confidently, and in the spirit of prophecy, predicts the downfall of Homœopathy, as did Dr. Holmes.

EDITORIAL NOTES.

HOMŒOPATHY IN PITTSBURG.—As our readers well know, there is a flourishing homœopathic hospital already established in Pittsburg, Penna., which is one of the institutions of that busy city. At the last meeting of the Pennsylvania State Medical Society, held at Harrisburg a few days ago, Dr. Bugher, the delegate from the hospital, reported that the preceding year had been the most successful one for the hospital, financially and otherwise, and that upwards of 300 patients had been admitted to its wards during the ten months since April last. The city of Pittsburg is now debating the question of the establishment of a new *General Hospital* by the corporation, and the representatives of homœopathy are urging their claims as medical men to pro rata rights as attendants at the institution when it shall have been established. As usual, the newspapers are on the side of liberality in the matter. The Pittsburg Daily Gazette of December 28th thus writes concerning it:

"The proposed General Hospital, to be such in *fact*, must be based on liberal principles. It must secure to every occupant of its wards, beyond the possibility of evasion, the spiritual adviser of his *faith*, and the medical treatment of his choice. This matter of choice is more than a mere privilege to be allowed—it is a matter of *right* that should be guaranteed.

"Allopathy and homœopathy should stand on equal footing. Each school is represented by men of acknowledged ability, integrity, and attainment. With the comparative merits of the two methods of treatment we have nothing to do. The public is divided on this question, and neither school has the right to exclude the other. We hold, that whether by force of circumstances or adverse fortune, a man is compelled to avail himself of hospital accommodations, when he falls a victim to disease or accident, and having predilections in favor of either school, his preference should be consulted and gratified. He is the person most interested, and the one to be benefited or injured by it. Sectarian exclusiveness belongs to a bygone age, and is bad enough when confined to the narrow limits of private corporations and individual efforts; but when public institutions yield to it, it becomes an evil without any mitigating circumstances or redeeming features."

This is sound doctrine and unanswerable argument. By all means let homœopathy and allopathy have a fair chance in the same institution, and the great public will be the gainers whatever may be the result.

HOMŒOPATHY IN MASSACHUSETTS.—And now we turn to another section of the country, and propose to post our readers as to things homœopathic at the "Hub." The law-case of the Massachusetts Medical Society v. its homœopathic members will be argued before the Supreme Court within a short time. The homœopathists have secured R. H. Dana, Jr., and B. F. Brooks, Esq., as counsel, and we do not hesitate to predict a triumph for their clients. Taking advantage of the excitement in favor of homœopathy just now existing, and which has been brought about by the attempted ostracism of the Massachusetts Medical Society, our friends in Massachusetts are getting up a "Grand Fair" in aid of the Massachusetts Homœopathic Hospital, an institution chartered by the State, and which has already made a favorable beginning, occupying a small hired

house, and having sixteen beds. Although it has been in operation less than a year, the applications for admission have been far in excess of its capacity; and there is an absolute necessity for more money to meet its wants, and to place the hospital in a proper condition for enlarged usefulness. The Fair will commence on the 15th of April. It is expected that it will be a great success in every respect, and that at least 100,000 people will be interested in it in one way and another before its close. In addition to this, a petition has been prepared and is being signed by the legal voters of Massachusetts, asking of the Legislature a grant of one hundred thousand dollars to the hospital. During the ten days of the Fair a paper entitled "*THE PELLET*," will be issued daily. Each issue will consist of sixteen royal octavo pages, handsomely printed. It will contain, in addition to matter strictly appertaining to the Fair, at least *one hundred pages of literary matter of permanent interest and value*, such as stories, essays, sketches, anecdotes, literary notes, &c. As a guarantee of its excellence, Thomas Bailey Aldrich and James M. Bugbee will act as editors. *The Pellet* will be forwarded, post-paid, to any part of the United States, on receipt of one dollar. Our readers can help this noble charity by subscribing for this paper themselves, and getting the subscriptions of their patients and friends, and forwarding them to Thomas B. Ticknor, 124 Tremont Street, Boston, or to Dr. I. T. Talbot, 16 Mount Vernon Street, Boston.

BROOKLYN HOMŒOPATHIC DISPENSARY.—This institution, which has been in existence for nineteen years, appears to be in a more flourishing condition than ever before. The trustees announce that it has been entirely refitted, and furnished so completely as to be unequalled by any similar institution in this country. The building has been put in complete order; a library, a laboratory, an ophthalmoscopic room, and modern and valuable instruments and appliances have been added to its former advantages. All this is designed entirely for the relief of the sick poor of Brooklyn, and they are cordially invited to reap the fullest advantages from this noble charity. 8665 patients were treated during the year 1870. The Dispensary is divided into departments for surgical cases, for diseases of the eye and ear, diseases of the chest, diseases of the digestive organs, diseases of women, diseases of the nervous system, and diseases of the throat and nasal passages. Amongst the physicians and surgeons in attendance, we notice the names of Drs. William Tod Hel-muth, John C. Minor, W. S. Searle, C. T. Liebold, D. H. Gorton, and others. Dr. A. E. Sumner is medical director. An institution of this character should receive the earnest best wishes of every kind heart in the land. The amount of good done is incalculable, and the eleemosynary services of the attending physicians and surgeons, so cheerfully given, are deserving the highest praise.

A SOCIAL LECTURE COURSE IN CHICAGO.—A course of Lectures have been given to the public gratuitously at the Hahnemann Medical College of Chicago, during the past winter. We learn that the undertak-

ing proved a great success. The course comprised the following lectures : An Every-day Miracle, by Dr. Welch ; The Influence of the Mind over the Body in Health and Disease, by Dr. Foster ; Popular Views of Homœopathy, by Dr. Small ; Chemistry of Cooking, by Dr. Lord ; Circulation of the Blood, by Dr. Mitchell ; Wonders of Microscopic Botany, by Dr. Hale ; Hysterics, by Dr. Ludlam ; Sight, by Dr. Woodyatt ; Modern Medicine, by Dr. Danforth.

LUDLAM'S LECTURES ON DISEASES OF WOMEN.—We learn from the *United States Medical and Surgical Journal*, that it is the intention of Mr. Halsey, publisher, to issue the remaining three parts of Prof. R. Ludlam's Lectures on the Diseases of Women, in the spring, under one and the same cover. This will complete the volume. It is quite a pleasure to know that this valuable work will soon be completed. Although the fire destroyed the plates and all printed copies of the first three parts, yet there will doubtless be a large demand for the concluding portion, on the part of those who were fortunate enough to have secured the first issues. Dr. Ludlam's work, excellent as it appears on first reading, improves on better acquaintance ; which is the best that can be said of any book, medical or otherwise.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

(Meeting held at Harrisburg, February 7th and 8th, 1872.)

FIRST DAY—MORNING SESSION.

THE Society was called to order promptly, at ten o'clock, by the President, J. H. MARSDEN, A. M., M. D., of York Sulphur Springs, who thereupon addressed the members, as follows :

GENTLEMEN: I know that I express the feeling common to us all, when I say that it is with the deepest satisfaction I again meet you, assembled upon an occasion so interesting and important. It seems but the other day when we separated, uncertain who of us might be spared to participate again in the deliberations of this Society, and yet in the order of a kind Providence we are permitted once more to exchange fraternal greetings. For this unmerited kindness on the part of our great Benefactor I trust we are all suitably thankful.

We doubtless are brought together through our interest in a common cause, which we believe to be of paramount importance. No ordinary motive could induce us to leave our comfortable homes and cheerful firesides, our business and our interests behind us, and expose ourselves in the most inclement season of the year to all the hardships and discomforts, not to say risks and perils, of wayfaring men. We come together for mutual improvement, that we may return to our patients and our friends, better qualified to discharge the important duties of our profession, and to deliberate how we may most efficiently contribute to the extension of our peculiar system of medical practice, which we justly regard as one of the best earthly boons vouchsafed to man.

Such being the object of our assembling, it would be highly improper for me to detain you from the legitimate business of the Society by any extended remarks. This I pledge myself not to do. But I hope I shall be pardoned, if I direct your attention to several topics, which I think of primary importance toward the attainment of the ends for which we have met.

And first let me remark, that as mutual instruction, and especially the instruction of the younger members of the profession, who belong to this Society (I trust they will excuse me for making the allusion), is a primary object for which we meet, and as we can spend but a very short time together, would it not be proper that we should despatch the mere details of business with as much celerity as their importance will admit, so as to give by far the larger portion of our attention to the reading of papers, and discussions arising therefrom, or upon other subjects strictly professional?

It seems to me, that hitherto business details have occupied too much, and scientific discussions too little, of our time. We assemble here from different parts of this vast commonwealth, each with an experience of his own. The humblest member, if endowed with common powers of observation, comes here with some portion of knowledge not possessed by the rest. Let us learn a lesson from one amongst the smallest and feeblest of insects. As I stand on a summer's evening in front of my apiary, I see the little tenants of the hives hastening home from every point of the compass. They come from very different fields of labor—all laden to the full, but bearing very diverse materials. One has collected honey, one the pollen of flowers, and, it may be, one carries only water; but, when brought together, it all goes to swell the common store, in which all have a common interest, and in which all are finally to share.

I cannot but think that when gentlemen are virtually requested, by being placed on bureaus, to prepare papers or essays, they should, if possible, be allowed time to read them, provided, of course, their essays be of reasonable length. At the same time, I think it is the duty of every one, who prepares a paper for reading, to make himself sufficiently familiar with his manuscript to read it fluently, distinctly, and so as to arrest the attention of his auditors, provided they be capable of fixing their attention. Papers read, often elicit discussions more interesting and instructive than themselves. Besides, if they contain anything worth remembering, they are better retained when associated in the memory with the discussion they call forth. We have reason to believe moreover, that papers simply referred to the "Committee on Publication," even though they may be ultimately published in the Transactions, are often never read at all. Besides, any valuable information through the annual publication, may come too late for some favorable opportunity for testing it. We remember an instance of this, met with in the Transactions of the American Institute, which we regretted exceedingly not to have known months before; and another, wherein our

recollection of a proving of arsenite of copper, read at a former meeting of this Society, enabled us to apply that remedy, with the most gratifying success, to a case of disease of long standing,—an application which we have since considerably extended,—the results of which we hope to give in some future number of our Journal.

Another subject to which I beg leave to direct your attention, is the importance of using our influence as a society, as well as individually as members of what was once, with some show of propriety, termed a learned profession, in elevating the standard among us of preliminary as well as professional attainment. Laxity upon this subject, I am aware, is by no means confined to our school, but I would like to see homœopathic physicians take the lead in at least aspiring after a higher order of professional attainment. If I am not mistaken, things in this regard have been retrograding for the last thirty years. I cannot speak confidently of cities and large towns, but I feel certain this has been the case in rural districts. In the county in which I reside, I can remember a time when nearly every member of the medical profession was a highly educated man. Some, perhaps most, had received their education in Europe. Their descendants that remain are still amongst the prominent men of the county. But I am sorry to say a very different state of things prevails with us at present. There are honorable exceptions, but amongst our present practitioners of medicine, are men whose lack of attainments in all forms of knowledge would disgrace a mechanic. The condition of our county in this regard, there is no reason to believe, is exceptional. We are denounced by our brethren of the other school, as quacks and mountebanks. Let us not return railing for railing, but rather refute the ungenerous accusation by showing ourselves workmen that need not to be ashamed, ever zealous and active, to correct an evil which we are foremost to deplore. I will not take the time to point out particular methods by which this might most effectually be accomplished. Much of the prevalence of quackery doubtless depends upon the low appreciation entertained by the public of what a physician ought to be. The supply here, as elsewhere, will adapt itself to the demand. Could we but infuse into the minds of the masses, just ideas of what constitute a reputable physician, we should do much toward banishing quackery from the land.

I will ask your indulgence, while I direct your attention, very briefly, to one other evil, which has become coextensive with the limits of civilization in our country. I allude to the wholesale destruction of health, and even life, through the nostrums everywhere vended, as yet without let or hindrance. A large portion of many of our secular journals is occupied with advertisements of these preparations, even to the insult of common decency, and thus the ignorant and unwary are allured into the use of articles deleterious to health, and not unfrequently, destructive of life. In rural districts, almost every family keeps on hand a more or less extensive supply of these abominable drugs, and whenever

sickness occurs, they are sure to be administered before the physician is called. By such injudicious administration, cases easily manageable in the outset, are often reduced to an incurable condition before suitable skill is employed for their relief. It is easy to imagine how many tender infants are thus consigned to early graves, or, what is worse, doomed to pass a weary life with enfeebled health, brought on through the ignorant employment of some nostrum by parents or nurse.

Might it not be well for this Society to appoint a committee to collect facts, showing the extent and enormity of this evil, with a view to some ulterior action, to abate, if possible, this widespread and still increasing nuisance.

And now, gentlemen, accept my sincere thanks for the honor you have conferred upon me, of which I am deeply sensible, and let me crave your kind indulgence, when I unintentionally err, or fail in the discharge of the important duties, which your kind partiality has imposed upon me.

The roll was then called by the Secretary, a large number of members responding to their names; representatives being present from the following counties, viz.: Adams, Alleghany, Berks, Chester, Crawford, Cumberland, Dauphin, Montgomery, Philadelphia, and York.

Propositions for membership being in order, the following names were submitted to the Society, accompanied with proper vouchers, and under the rules were referred to the Board of Censors: Lewis F. Bush, M.D., Altoona; P. S. Duff, M.D., Coyleville; James L. Scott, M.D., Conestogville; C. W. Hoyt, M.D., Sharon; William F. Speth, M.D., Lewistown; J. C. Rutter, M.D., Bloomsburg; Wm. Budd Trites, M.D., Manayunk, Philadelphia; S. Hastings Brown, M.D., Philadelphia; J. C. Kennedy, M.D., Buchanan P.O.; W. H. Boardman, M.D., Pittsburg; Adolph R. Elblein, M.D., Buchanan P.O.; A. P. Bowie, M.D., Uniontown.

A number of bills incurred by the Secretaries in publishing the proceedings of the two preceding meetings of the Society, and issuing notices &c., were submitted, and the action of the Secretaries in paying them confirmed.

Reports were then received from delegates appointed by the Society to attend the meetings of other medical associations.

Dr. R. J. McCLATCHY reported as a delegate to the New Jersey State Homœopathic Medical Society.

Dr. PEMBERTON DUDLEY reported on behalf of the delegates to the American Institute of Homœopathy.

Dr. H. R. FETTERHOFF reported as a delegate to the Canadian Institute of Homœopathy.

Dr. R. J. McCLATCHY, as chairman of the *Committee on Charter*, presented the report of that committee. The report embraced a draft of a bill to incorporate the Society, and a petition to the state legislature, praying them to pass the act of incorporation, and to enact that the bill

entitled "An Act to regulate medical practice in the counties of York, Crawford, Venango, Warren, Adams, Bucks, Northampton, Lehigh, Perry, and Juniata" be made operative throughout the state.

Dr. McCLATCHEY explained the provisions of the proposed charter and the effects of the passage of the bill to regulate medical practice, if made a general enactment for the state. He spoke in favor of the simplicity of the act of incorporation, and said that its great merit consisted in an absence of cumbersome provisions.

Dr. J. H. McCLELLAND argued in favor of enlarging the scope of the latter bill, so as to regulate the study as well as the practice of medicine. He regarded it as very important that the preliminary education of medical students should be attended to, and any bill passed by the legislature should have a bearing in that direction.

Dr. HENRY NOAH MARTIN thought that the Society should present a more complete and thorough bill for the protection of practitioners who are graduates, and for the suppression of quackery with all its attendant evils. He offered as a substitute for the bill presented by the committee, a lengthy and elaborate act which had been presented in the Assembly of the State of New York, entitled "An Act to protect the People against Quackery and Crime." This bill, he stated, could be modified in its phraseology to suit the State of Pennsylvania, and might be amended by the Society to suit the views of the members.

On motion, the consideration of the report of the Committee on Charter was made the first business in order of the afternoon session.

Dr. O. B. GAUSE, Treasurer of the Society, then presented his annual report, which showed that the receipts from all sources amounted to \$495.21, and the total expenditures to \$487.52, leaving a balance in the treasury of \$7.69, with two bills unpaid amounting to \$14.00. The Chair thereupon appointed Drs. Charles H. Rieseler and J. H. McClelland a committee to audit the accounts and vouchers, which were accordingly placed in their hands.

Dr. R. J. McCLATCHEY, on behalf of the *Committee of Publication*, reported that the committee had issued 300 copies of the Transactions of the Society during the years 1869 and 1870 in a pamphlet octavo of 268 pages, together with 1000 copies of the annual address delivered at the last meeting of the Society, and had furnished copies of the same to active and honorary members, editors of journals, and other persons entitled to receive them. The report of the committee was, on motion, accepted.

Reports from County and District Medical Societies being next in order, the following were received:

Dr. J. H. McCLELLAND presented the report of the Alleghany County Homœopathic Medical Society.

Dr. WM. H. COOK presented the report of the Cumberland Valley Homœopathic Medical Society.

Dr. JAS. B. WOOD presented the report of the Chester, Delaware, and Montgomery County Medical Society.

Dr. R. J. McCLATCHEY presented the report of the Philadelphia County Homœopathic Medical Society.

Dr. MICHAEL FRIESE presented the report of the Dauphin County Homœopathic Medical Society.

The Committee to Audit the Treasurer's Accounts reported that they had examined the accounts and vouchers, and found them correct; whereupon the report was accepted and the auditors discharged. The report of the Treasurer was then accepted.

Reports from public institutions under homœopathic medical control being called for,

Dr. J. C. BURGHER reported as delegate from the Homœopathic Hospital and Dispensary of Pittsburg. He stated that the past year had been in every respect the most successful the institution had yet had. As a charity its scope of usefulness had been greatly enlarged, and financially it rested on a sound basis. It is very popular with the people for the great good it does in the community, and is one of the prominent features of the city. During the past year, the number of admissions to its medical and surgical wards was much greater than during any preceding year. During the ten months, since April 1st, three hundred cases have been treated in the hospital, and a very large number of out-patients have received advice and medicine through the dispensary.

Dr. HENRY NOAH MARTIN reported as delegate from the Hahnemann College Hospital, of Philadelphia. He gave a short account of its origin and progress, and stated that it was out of debt, except a mortgage which could remain for a term of years. The number of medical and surgical cases admitted to the hospital during the past year was ninety, with six deaths. One of the deaths occurred in a case of Bright's disease, moribund when admitted; one of ascites, with cirrhosis of the liver; one of cancer of the bladder; one of heart-clot; one of gangrenous erysipelas of the lower extremities; and one of osteo-sarcoma of the thigh. He stated that a full report of the institution was in course of preparation for publication.

Dr. JOHN E. JAMES reported from the Methodist Episcopal Old Folks' Home, of which he is an attendant physician. A large majority of the inmates employ homœopathic treatment, having their choice of practice, there being an allopathic physician also in attendance. There had been no death in the institution during the past year.

Dr. H. N. MARTIN reported from the Home for Little Wanderers, of Philadelphia, which is under his professional care. The institution is a great charity, and is very successful. During the past year variola had appeared amongst the children, with one death—the only loss of the year. An infirmary has been added to the institution recently, which is likewise under homœopathic control, as well as a dispensary for the benefit of the sick poor. He regarded this infirmary as a possible starting-point for a children's homœopathic hospital in Philadelphia.

Dr. B. W. JAMES presented the report of the Germantown Homœopathic Dispensary, in the absence of Dr. M. M. Walker, attendant physician.

A lengthy discussion was then entered into on the subject of state aid to charitable medical institutions of the state, and the unwarrantable difficulty, almost amounting to an impossibility, of getting aid for such charities as are under homœopathic medical control.

Dr. C. H. VON TAGEN said that this was due to the fact that influential allopathic physicians are to be found in both branches of the legislature, and they have heretofore used their best efforts to defeat any such appropriation of the state charitable fund.

Dr. PEMBERTON DUDLEY suggested that a Committee on Legislation be appointed, whose duty should be the looking after homœopathic interests in all such matters, and this committee thus acting, in connection with the influence of each member of the Society exerted upon his own member of the Assembly, or such other as he might be acquainted with, would surely have the effect of securing rights for our school.

Dr. H. N. MARTIN thought that some prompt action should be taken, for out of the \$400,000 now recommended to be bestowed by the state on public charitable institutions, not one cent will otherwise be given to charitable institutions under our medical control.

Dr. JAS. B. WOOD thought that the State Board of Public Charities was the proper body to bring our influence to bear upon, as we would be likely to get whatever aid they recommended.

The above reports were then, on motion, accepted.

The Board of Censors reported that they had examined the applications for membership and the credentials of the following gentlemen, and had found them eligible to membership:

S. Hastings Brown, M.D., Philadelphia; J. C. Kennedy, M.D., East Birmingham; Wm. Budd Trites, M.D., Manayunk, Philadelphia; Wm. F. Speth, M.D., Lewistown; James L. Scott, M.D., Coatesville; Wm. H. Boardman, M.D., Pittsburg; Adolph K. Elblein, M.D., Buchanan P.O.; A. P. Bowie, M.D., Uniontown; J. C. Rutter, M.D., Bloomsburg. It was thereupon moved and carried that they be declared members of the Society.

On motion of the Board of Censors, the applications of Drs. P. S. Duff, C. W. Hoyt, and L. F. Bush were laid over for further consideration.

Harriet Judd Sartain, M.D., of Philadelphia, and J. S. Rankin, M.D., of Pittsburg, were proposed for membership, and their names referred to the Board of Censors.

Dr. R. J. McCLATCHY read a communication from the Orator, Dr. W. James Blakely, of Erie, announcing his inability to be present at the meeting and fulfil the duties of his appointment, in consequence of the sudden and serious illness of his wife. It was thereupon moved and carried that the annual address prepared by Dr. Blakely and forwarded,

should be read by the Alternate Orator, Dr. Thomas Moore, of Philadelphia, should he be present; and that if he should be absent, the address be read by Dr. McClatchey.

The Board of Censors reported that they had found Drs. H. J. Sartain and J. S. Rankin to be eligible to membership; whereupon they were duly elected.

Dr. BUSHROD W. JAMES offered the following resolution, which was adopted:

"Resolved, That active members of this Society who may remove beyond the limits of the state are privileged to retain their membership under the Constitution and By-laws of the Society."

Dr. HENRY N. MARTIN offered the following resolution:

"Resolved, That the Board of Censors are hereby directed to ignore any applications for membership in this Society of persons who have graduated within one year previous to this time at the Philadelphia University of Medicine and Surgery, the Eclectic Medical College of Philadelphia, or the American University of Medicine and Surgery."

Dr. DUDLEY moved an amendment to the resolution, to the effect that the Board of Censors should ascertain from persons claiming to have diplomas from these institutions, how their diplomas were obtained, and that they should only be recognized in case they had been obtained after two years' regular attendance on lectures, &c.

Dr. J. H. McCLELLAND said that the amendment weakened the force of the resolution. If these institutions are such as they are represented to be, then we should not recognize their diplomas as a sufficient guarantee of eligibility to membership in this Society.

Dr. J. C. BURGHER was also opposed to the resolution as amended, and thought the original resolution should be adopted.

Dr. H. N. MARTIN urged the passage of the original resolution. He stated that the Hahnemann Medical College, of Philadelphia, had some time ago refused to recognize the diplomas of these institutions, which are bringing discredit upon the entire medical profession.

Dr. McCLATCHEY said that this matter of membership is in the hands of the Censors, whose duty and whose interests it is to guard the Society from the admission of improper persons, and this has been done faithfully heretofore. There has been but one instance in which an improper person was admitted and he was summarily removed. Now it is not for us to pronounce judgment on these colleges prematurely, and he thought it would be highly indecorous to do so at this time, when they are on trial before the legislature in the building in which we now are. If the legislature condemns them and takes from them their charters, then there can be no applications for membership from persons holding their diploma hereafter, or if there should be, the Censors will know how to act. If it should be otherwise, and they are pronounced guiltless and allowed to go on, then the question must be on the individual's fitness who applies for membership holding a diploma from one of these colleges.

A man may be a very proper physician, and yet hold one of these diplomas. At the last meeting of the American Institute of Homœopathy, an applicant for membership, who had a diploma from Dr Paine's college, would have been thrown out, although he graduated honestly, had not he (Dr. McC.) been one of the Censors, and able to vouch for the gentleman's fitness, and to call for the testimony of the Pittsburg gentlemen to the same effect. It was this testimony that saved him, and not his diploma. And this same gentleman has been to-day admitted to membership in this Society, and upon the same ground, for he still has no other diploma than that obtained from Paine's college. It is best to wait until these colleges are tried and condemned before we damn them. We may all believe and know that they are very irregular in their doings, but they are still on trial. I am opposed to the passage of the resolution as premature, as well as unnecessary.

THE PRESIDENT did not see any occasion for the passage of the resolution, as Article II of the Constitution seemed to meet the requirements of the case.

Dr. J. F. COOPER deemed it improper and unjust for the Society to pass judgment on these institutions while the matter of their issue of bogus diplomas is undergoing investigation at the present time by a committee of the legislature. These colleges have not yet been fully heard, and we should take no action until the inquiry by the legislature is ended, and their proper status has been fixed by the Commonwealth.

Dr. J. B. WOOD moved, and it was carried, that the resolution be laid on the table.

The Society then adjourned, to meet at 2½ o'clock, P.M.

AFTERNOON SESSION.

The Society reassembled at 2½ o'clock, the President occupying the chair.

The first business in order being the consideration of the report of the Committee on Charter, its consideration was postponed for the present, in consequence of the absence of some of the members particularly interested in the report.

Augustus Korndoerfer, M.D., was proposed for membership, and his name was referred to the Board of Censors.

Dr. W. R. CHILDS presented and read the report of the sub-committee appointed by the Committee of Arrangements for the Grand Levee to be given by the State Society in honor of the American Institute of Homœopathy, at the twenty-seventh anniversary of that association, held in Philadelphia, in June last. The report stated that all those who had pledged themselves to raise a certain amount towards making up the sum of one thousand dollars, had done so, excepting the member who pledged himself for Lycoming and Centre Counties. Notwithstanding this default, the amount raised exceeded one thousand dollars; which was due to the fact that the Alleghany County Society raised the

amount of its subscription to five hundred and thirty-eight dollars; four hundred dollars being the amount originally pledged. The Grand Levee had been given, and fully realized all that had been expected from it, it having given great pleasure to all who had participated in the festivities of the occasion.

A member asked whether the member who had pledged himself to raise money from Lycoming and Centre Counties, had not paid any part of the amount pledged, and whether he had received any of the tickets of admission to the Levee.

Dr. CHILDS replied that he had not paid any part of the amount pledged, and that tickets of admission, in proportion to the amount of money he had pledged himself to raise, had been forwarded to him as a reminder and as an inducement, and the tickets had not been returned to the committee.

On motion, the report of the committee was accepted, and the committee discharged.

Dr. D. L. DREIBELBIS made a verbal report as delegate from the Berks and Schuylkill Homœopathic Medical Society. The delegate was requested to prepare a written report, and forward to the Committee of Publication.

The reports and papers of the *Bureau of Materia Medica and Proverbs* were then called for. Dr. J. C. Burgher, acting chairman of the Bureau, announced the following papers as being in his possession:

"Cure of Symptoms not recorded in the Pathogenesis of Remedies." By W. Jas. Blakely, M.D.

"The Homœopathic Materia Medica.—On the necessity of its Revision by Re-provings." By W. Jas. Blakely, M.D.

"Uses of *Melilotus officinalis*." By G. W. Bowen, M.D., of Fort Wayne, Indiana; presented by W. M. Williamson, M.D.

"Upon the Organization of a Society of Provers." By Charles H. Haeseler, M.D.

The above papers were read, accepted, and referred to the Committee of Publication.

Dr. HENRY NOAH MARTIN stated that he had in course of preparation a paper for the Bureau of Materia Medica, &c., entitled "How to Study the Materia Medica," and asked the privilege of forwarding it to the Committee of Publication, when completed. His request was granted.

The Board of Censors reported Augustus Korndoerfer, M.D., of Philadelphia, to be eligible to membership, and he was thereupon duly elected a member.

The reports and papers of the *Bureau of Clinical Medicine and Zymoses*, being next in order, the following papers were announced by Dr. W. M. Williamson, chairman of the Bureau, as being in his possession:

"Sciatica." By Mahlon Preston, M.D.

"Germs of Disease." By John E. James, M.D.

"Treatment of Variola by Variolin." By W. James Blakely, M.D.

"Membranous Croup." By Charles H. Von Tagen, M.D.

"Typhoid Fever." By the Alleghany County Homœopathic Medical Society.

"Cases from Practice." By William D. Hall, M.D.

"Selenium in Nocturnal Emissions." By W. M. Williamson, M.D.

"Aurum Muriaticum in Ozæna." By W. M. Williamson, M.D.

"Cinchona in Quinine Poisoning." By W. M. Williamson, M.D.

"Clinical Observations." By W. M. Williamson, M.D.

Dr. Mahlon Preston's paper on "Sciatica," was read by that gentleman, and referred back to him for emendation, at his request, to be afterwards forwarded to the Committee of Publication.

The paper on "Typhoid Fever," by the Alleghany County Medical Society, was read as far as completed, by Dr. J. F. Cooper, and referred back to the Society for completion; to be subsequently sent to the Committee of Publication.

The other papers of the Bureau were read, accepted, and referred to the Committee of Publication.

The Society then entered into a discussion on the papers presented by the Bureau.

Dr. J. F. COOPER suggested that this Society recommend to every County Medical Society in the state, the preparation of a paper annually for presentation to the State Society, and that from the papers thus presented, the State Society select the one deemed best, for presentation to the American Institute of Homœopathy at its annual meeting, as the scientific paper of the State Society to the National organization. He spoke earnestly in favor of the plan, and hoped the Society would take action in that direction during the present meeting.

Dr. H. N. MARTIN thought Dr. Von Tagen's paper a remarkable one. He was of the opinion that membranous croup was a disease not so frequently met with in the ordinary run of practice. He had seen but one case that he felt like calling true membranous croup. He thought that where there existed the discharge from the nostrils, as mentioned in the cases reported by Dr. Von Tagen, it was not true croup, and there was little or no danger in such cases.

Dr. J. B. WOOD stated that he had had two cases a short time ago, in both of which there was gleet discharge from the nostrils, and both of which had proved fatal.

Dr. MARTIN reiterated his former statement, and said that the best writers on the subject expressed the opinion he had just given.

Dr. VON TAGEN agreed that membranous croup was not of as frequent occurrence as was sometimes supposed, but he had had more cases of it during the past six months, than had occurred through the twelve or fifteen years of his previous experience. He had often noticed symptoms of croup or croupy cough attending a condition he would term one of gastric fever, but these he did not call cases of true croup. He had seen cases that had set in mildly and created no alarm, and Aconite

promptly subdued the existing catarrh, when suddenly there would be a development of false membrane, with all the symptoms of true croup, and the cases would be very grave. There was no fetor; and although they looked somewhat like cases of diphtheria, yet they were not.

Dr. H. N. GUERNSEY thought we had not so much to do with the names of diseases as we had with the remedies that would cure our cases. He gave his experience in the treatment of croup. Frequently *Aconite* alone suffices to cure. When there is considerable fever, the cough is harsh and dry, and appears to give pain to the patient; the voice is hoarse and deep, and there is no mucous rattling, then *Spongia* will cure, and should generally be given throughout the case. *Hepar*, however, has sometimes to be given when the child chokes during the cough. If there is not this choking cough, but an occasional dry, stridulous cough, with a decided rattling in the larynx, the cough hurts the child, and it puts its hands to its throat as though it wanted to tear something away, pulse frequent, as much as 130, he gives *Bromine*. Partial relief is usually prompt, and a cure speedily follows. He had seen the false membrane thrown off in large pieces, like the finger of a glove. What we want to do most of all is to diagnose, as it were, the remedy rather than the disease. It is impossible to tell, in some cases, whether the croup be membranous or not; but that is of no consequence so long as we get the right remedy. It is well to ascertain the form of croup, of course, but if we follow out the landmarks of the remedies, we are successful in curing the case, and that is the main point.

Dr. H. N. MARTIN said he had great respect for the opinions of Dr. Guernsey, but it always made him feel badly when he heard him say he did not care about the name of the disease. He (Dr. M.) wanted to know what ailed his patient, and what would probably be the course of the disease, for, as we all know, different diseases naturally run different courses. To use a quaint illustration: If we are chasing a cat we know it will be likely to run up a tree, but if we are in pursuit of a dog, we know he will not run up a tree. And so with diseases; one will take one direction, and another will run an opposite course; and it is very well for the physician to know exactly what disease his patient has, that he may know what course the symptoms are likely to take.

Dr. GUERNSEY asked Dr. Martin if he would not give *Aconite* in any form of croup, if he thought it indicated; and if so, what availed the name of the disease in the selection of the remedy.

Dr. B. W. JAMES asked Dr. Von Tagen whether any members of the family of the children attacked had sore throats.

Dr. VON TAGEN replied that they had not. He knew of many cases of sympathetic sore throat attending an epidemic of scarlet fever, but there was none in these cases.

Dr. JAMES then inquired whether the patients had any chills or chilliness, or languor, or gave evidence of pains flying over different regions of the body.

Dr. VON TAGEN said in reply, that he could not be positive about all, but that most of them had not, and only in one case was there any chilliness.

Dr. O. B. GAUSE said he had been particularly interested in one of the cases reported by Dr. William D. Hall, that of sickness of pregnancy, in which the administration of *Apis* was followed by remarkable results. Dr. Hall had modestly asked the question whether the disease had exhausted itself or whether *Apis* had cured. He believed the curative result was fairly attributable to *Apis*. He thought the dyspepsia attendant on pregnancy was regarded from a wrong pathological standpoint. In his opinion, it depended upon cerebral rather than abdominal disturbance, and we should seek in that direction for remedies to control and cure the disorder. He was of the opinion that the nausea and vomiting of pregnancy was dependent upon disturbance of the general sympathetic system, thence reaching the base of the brain, and from thence to the stomach; and he selected his remedies for its cure from the class which affected the nervous system rather than from the class which affected the stomach.

Dr. VON TAGEN indorsed what Dr. Gause had said, but thought the spinal system was likewise involved, and he would, therefore, call the producing influence cerebro-spinal. He regarded the condition of sickness during pregnancy as analogous to sea-sickness, and he had very frequently relieved cases of morning sickness, which he had failed to relieve by other means, by the use of the lumbar ice-bag, applied to the spinal column, in from two to three applications of fifty minutes each.

Dr. H. N. GUERNSEY said that if we knew our remedies better, we would have no occasion to resort to the use of ice-bags. He was sorry that our so-called homœopathists so frequently fly the track. He now cures cases of morning sickness in pregnancy which he could not before cure, because he had found remedies for such cases. If we would stand by homœopathy, we would always be improving, and by and by we would be able to cure all these cases; but if we constantly resort to other appliances, we will be content to trust to them, and will not study or improve our materia medica. He would not say that ice-bags would not relieve cases, for he had no experience with such treatment; but we learn nothing from the use of such means, whereas we do if we cure the case with the properly-selected homœopathic remedy.

Dr. DUDLEY had a very decided opinion on this point. Dr. Guernsey says, if we had a better knowledge of our remedies, &c.; and in that *if* he implies that there may be cases in which he cannot effect a cure without waiting and waiting. Now what are we to do? Are we to let our patients wait, until we can study up the remedy, day by day, finding out that now this and then that medicine will not cure? Is not this the plan of allopathy, to try one thing after another? It does not matter what the strength of the given medicine may be; it is the groping in the dark of empiricism. We may ask ourselves the question, Is it better to cure a

case with or without medicine? He did not think homœopathic medication the best thing in the world, because he thought hygiene much better in some instances, upon the principle that prevention is better than cure. He did not think it right or philosophical that men should be stigmatized for getting outside of homœopathy, when there is so much uncertainty in medical practice at the best, and the chief object of the physician is to relieve or cure his patient as quickly as possible without regard to the dogmas of schools. But he was not willing to admit that the curing of a case without giving medicines internally was necessarily non-homœopathic. We find persons who are in the habit of constantly taking medicines from their domestic boxes, so that it is a hard matter to get medicines to act on them at all when they are really sick, and we have to select medicine after medicine before we can reach the case, which is a source of delay. If we can cure a case of sea-sickness or the vomiting of pregnancy in a few hours, by the application of a spinal ice-bag, we had better do it rather than allow our patients to suffer possibly for weeks, while we are groping after the proper curative drug. He had as high a regard for homœopathy as any man living ought to have, but he was not so wedded to it as to be willing to sacrifice the comfort of his patient to the limited knowledge at present attainable of the homœopathic action of remedies. He did not wish to be understood that he would resort to allopathic practice, or give drugs allopathically; but if we can cure a troublesome and distressing malady without resorting to any drugs, he thought it should be done; and it was a question whether it would not be best to bring about the cure in that way rather than by the administration of drugs, if it could be done.

Dr. GUERNSEY replied by adjuring the members to stand by the strict letter of the homœopathic law, as it was a sacred duty we owed to the founder of our system.

Dr. S. F. CHARLTON stated that for several years he had used the *oxalate of cerium* in all cases of morning sickness of pregnancy, with unvarying success.

THE PRESIDENT said he had given it in one case just before leaving home, but did not know with what result.

Dr. VON TAGEN stated that the use of the ice-bag, though introduced by an allopathic physician, was certainly no more an allopathic than a homœopathic remedy. It is a simple agent, possessing no deleterious properties; it produces prompt relief, and he felt himself fully justified in using it for the relief of his patients, particularly when he had used medicines without effect. And in many cases its application was not merely palliative, but curative.

Dr. BUSHROD W. JAMES had experience in the use of *oxalate of cerium*. It very seldom fails in relieving the vomiting of pregnancy, when given in the second decimal trituration, in good sized doses.

Dr. J. H. McCLELLAND thought that the ice-bag might be homœopathic in some cases, and asked Dr. Guernsey if he did not think so.

Dr. GUERNSEY replied that it might be so, but he did not know it as a remedy. It is not to be found in our *Materia Medica*.

Dr. H. N. MARTIN was glad to learn that oxalate of cerium would cure all these cases. He had often thought he had a remedy that would cure every case of a given disease, but he had had to mourn over it. He had once thought *Lactic acid* would cure all cases of morning sickness, but it had signally failed in his hands. He had found *Anacardium* useful in some cases, and thought he had a cure-all then; but it had likewise failed him. In the first case in which he had given it the patient's sickness was relieved by eating, and she felt better for about two hours, when it would return to be again relieved by eating. *Anacardium* had a very prompt and marked curative effect in this case. But in another case apparently similar it had no effect whatever, and he afterwards found symptoms contraindicating its use. We must have the indications in each case well marked; and yet we may find a remedy that seems to cure every case of a given disease during a certain epidemic, owing to the *genius epidemicus* corresponding to the genius of that remedy. As an instance, he spoke of an epidemic influenza in all cases of which *Allium cepa* proved curative.

Dr. J. H. McCLELLAND had tried oxalate of cerium and lactic acid, and neither of them had cured a single case.

Dr. THOMAS MOORE had used oxalate of cerium, and it had relieved some cases, but he gave up its use because he had no indications.

Dr. JOHN E. JAMES had used it in three cases, without results.

Dr. McCLATCHEY had used it in several cases several years ago, when it first came into vogue, but had soon abandoned it, as he saw no effects whatever following its use.

A member suggested that those with whom it had failed had possibly procured an inferior or spurious article.

Dr. MAHLON PRESTON said: I am of opinion we are as well warranted in accepting the provings of drugs obtained by clinical experience as those made in any other way, provided the observations are in a sufficient degree accurate or extended so as fully to cover the case in which the remedies have proved beneficial. The unreliability of this drug (oxalate of cerium) is due undoubtedly to the defective and meagre observations of its allopathic introducers. I fully believe in and hold to the clinical proving of medicines, for we are doing much of it daily in practice, and I know from personal experience that such observations are of great value; but in accepting indiscriminately the observations of others, we fail often because of the versatility in some, and the want of expressiveness in others in relating conditions and circumstances, both on the part of patient and observer.

Especially from allopathic sources should we be careful to accept evidence with much allowance, and in this case it is apparent that such evidence has been the cause of our frequent deception; the concomitants of

these cases, secondary in importance only to the substance used, are omitted, and the observations, though expressing a general truth perhaps, are practically valueless.

The *Materia Medica* of Dr. Hering, though prospectively a scientific prodigy, has not, so far as I am concerned, taken away much of the difficulty from the study of this branch. Its diffuse character is of itself a barrier to its study; and from the multitude of symptoms collected together, it is a most intricate study to find their exact meaning, and many trials to be made for their verification. I regard provings of drugs to mean something only so far as they point the way for us to establish the exact value of the drug by verifying its symptoms. And the more we multiply symptoms in our *Materia Medica*, the greater becomes the difficulty of our task in testing them. It cannot be said that any symptom or set of symptoms is reliable until verified by actual clinical test. It is, hence, not improper to say that the great mass of symptoms in many provings are unreliable, or to conclude that the clinical proving is valuable or the clinical test only reliable. Dr. Hering has taken all kinds of symptoms—clinical, verified, unverified, and all others—and jumbled them together without regard for the manner in which they were obtained or for their relative value. For this reason, and because the tissue of symptoms are so greatly added to in his work, I regard it as the most unreliable work on *Materia Medica* we have. The *Materia Medica* should be simplified and reduced, and not increased in bulk by adding all sorts of symptoms to it.

Dr. WILLIAM R. CHILDS said he had used the *Allium cepa* in a number of cases in which it seemed to be indicated, without any results whatever.

Dr. AUGUSTUS KORNDORFER said: The remarks just made are of such a nature that I cannot quietly sit here and listen to them without a few words in reply to one portion, which, to say the least, is a misstatement based on a want of knowledge of the work thus criticized. I refer to the assertion in regard to the *Materia Medica* in course of publication, edited by Dr. C. Hering, as found in the *Hahnemannian Monthly*, formerly published with the *Am. J. H. M. M.* Such remarks, coming from one of professional standing like that of my friend, cannot but have weight with those who may have failed thus far to look into the merits of this publication; perhaps even leading to a neglect of one of the most reliable as well as the most complete forms of our *Materia Medica* ever published; or perchance driving the more inexperienced away from it as from a mountain of difficulties; leading to neglect of study and poverty of ideas for their future, and consequent degeneracy of our now rising system. Having, about four years ago, assisted Dr. Hering, during at least one year, I feel myself called upon to rebut this most unwarranted as well as false charge of unreliability. From personal knowledge of the care with which each symptom is examined and compared before its insertion, resulting in a most scrupulous selection of only such, yet of all such, as come to us from reliable authority; using nothing as positive

except it bears the imprint of truth upon it—I would also say from a personal acquaintance with his truly wonderful knowledge of the action of drugs on the human system—I believe there are none—no, not one—living at the present day who has the genius of each remedy so fully by heart that he might be ranked even as a competent substitute, in failure to receive from Dr. Hering his work on the *Materia Medica*. Farther than this, many symptoms are those from the original as observed and noted by Hahnemann, being translated especially for the present work, in order that the many errors in past translations might be entirely overcome. Here let me say a word in regard to a charge which we so frequently hear from the ignorant against the correctness of the provings—these accusations coming from self-imagined purists, who, knowing no better, believe them to be incorrect because some one told them so; farther than this they have no reason. Let me ask them to look at the provers' names, and dare any one of these accusers sink to such a depth of ignorance or degree of arrogance as to say he could observe better than a Hahnemann and his colaborers. Is the puny knowledge of such imagined purist more than the merest offal morsel as compared to the wealth of mind of a Hahnemann. As to the truthfulness of these provings—how were these provings made? In answer to this, firstly, as a rule the prover knew naught of the remedy he was proving either in regard to name or nature; secondly, when he returned his day-book, which was to be kept with all possible care, he gave the accustomed university oath, by the crossing of hands, thus under oath certifying to the truthfulness of all stated in his day-book; then being subjected to a searching cross-examination in order that any inaccuracy might be discovered, the symptoms being thus developed so as to avoid any inaccuracy of wording if possible; this examination closed with giving the oath as before, as a seal of truth to be stamped on it to all time. Can provings be made more accurately than this? Could or would those who talk so much of new provings, contracting, condensing, cutting out, &c., make better provings? Dare they blot out one symptom—nay, one word—from these careful observations given to us by our father in medicine?

One unacquainted with the work of editing a *Materia Medica* in an unabridged form can scarcely conceive of the immensity of labor required, or comprehend the magnitude of work done. Imagine a search taking in only the symptoms of sulphur, comparing with all cures reported from reliable sources for corroboration. Yet this has been done, and at present there is but one symptom, of Hahnemann's almost two thousand, that remains without a most trustworthy confirmation. This fact I learned but a short time since from Dr. Hering, who has thus compared not only sulphur but many other of our remedies. Who among us dare cut out even one of these two thousand symptoms of sulphur, or of any other remedy? On whom should the guilt rest consequent on a failure to cure from the want of access to just such apparently unimportant symptom? or who shall decide which to cut out and which to retain

when all bear a relative importance in selecting a remedy for a given case. Gentlemen, this constant talk about cutting down the *Materia Medica*, while we daily come across symptoms in our patients which even with our mass of symptoms we find have not yet been observed among any of our provings, is, to say the least, unwise. We want more, not less. Do not cut down to suit those incapable to comprehend it in its vastness, but make them study to do away with their incapacity.

I lose all patience when I hear it charged that the life work of a Hahnemann and a Hering is unreliable and jumbled. No, a thousand times No! The gentleman certainly is not acquainted with either Dr. Hering or his work.

Dr. GUERNSEY followed in the same strain as Dr. Korndorfer. He thought there was no more reliable man in the profession than Dr. Hering, and his *Materia Medica* will be a great masterpiece. He regarded Dr. Hering's provings of and notes on remedies as invaluable, and he knew well that whatever he put forth was perfectly reliable.

Dr. PRESTON said he had the highest regard for Dr. Hering, nevertheless he thought the symptoms in his *Materia Medica* so jumbled together as to be unavailable and incomprehensible. He did not mean that they were not to be relied on. He hoped it would not be considered that he meant to say anything of Dr. Hering that could be construed into being disrespectful.

Dr. C. H. HAESELER expressed his great gratification at hearing the remarks of Dr. Korndorfer. He supposed the *Materia Medica* could not be better arranged than is being done by Dr. Hering. He then entered into an exposition of his views as to how provings should be made, as expressed in a paper he had read previously.

It was moved and carried that a business session for the consideration of the report of the Committee on Charter, be held after the delivery of the Annual Address.

The Society then adjourned to meet in the Hall of the House of Representatives at 8 o'clock to hear the Annual Address.

THE ANNUAL ADDRESS.

The Annual Address, prepared by W. James Blakely, M.D., Orator, was read by Dr. Thomas Moore, Alternate Orator, in the absence of Dr. Blakely, whose presence was prevented by the sudden and severe indisposition of his wife. The subject of the address was the scientific development of homœopathy. It was a carefully prepared and very interesting paper, and was listened to with marked attention by the audience, which was composed of members of the Society, members of the Senate and House of Representatives, and a number of the citizens of Harrisburg. Dr. Moore presented the address in a very acceptable manner.

At its conclusion, Dr. McClatchey moved, and it was unanimously carried, that the thanks of the Society be tendered Dr. Blakely for his valuable address, and that a copy be requested for publication with the

Transactions, and to Dr. Moore for the satisfactory manner in which he had acquitted himself.

The Society then, on motion, adjourned, to meet in business session.

EVENING SESSION.

The Society reassembled in the regular meeting-room, the President in the chair, for the purpose of considering the report of the Committee on Charter.

The report of the Committee was re-read, together with an act presented to the legislature of the State of New York, entitled "An Act to protect the People against Quackery and Crime," which had been offered at the morning session as a substitute for the report of the Committee on Charter, by Dr. Henry Noah Martin.

Dr. MARTIN urged the adoption of his substitute and its submission to the legislature of Pennsylvania, the Society praying them to enact the bill. He claimed that it covered all the ground, and that no medical bill which had passed in Pennsylvania hitherto was sufficiently binding, and that all of them had loopholes by which improper persons might escape the provisions of these acts. This bill puts the various schools of medicine on one footing, and if passed they must all come in under its provisions.

Dr. DUDLEY spoke in favor of petitioning the legislature to enact for the whole state the "County Medical Bill," as suggested by the Charter Committee, first striking out the clause referring to the two hundred dollar fee for a license.

Dr. McCLATCHEY said that in preparing the act of incorporation submitted by the Committee on Charter, his chief object had been to prepare such a bill as the legislature would be apt to pass from its extreme simplicity. The bill offered by Dr. Martin premised a great deal of very complicated machinery, which the legislature might provide and set in motion by passing the bill, but which, it would be found, would be very troublesome to keep in good running order. In the bill offered by the Committee it is provided that the Society may enact such rules and by-laws as may be deemed necessary for its proper government, and he did not see that the substitute did much more than provide just such rules and by-laws as the Society might of itself enact, only that they were provided in a very cumbersome way. He might be mistaken about it, but thought that the bill of the Committee was the better of the two, and more likely to be passed in Assembly.

Dr. McCLELLAND moved, and it was carried, that a committee of three be appointed to confer with the Committee on Charter, and report a proper bill for the action of the Society at the morning session on Thursday. The Chair thereupon appointed Drs. McClelland, Martin, and Dudley.

The Society then adjourned, to meet on Thursday morning at 10 o'clock.

(To be concluded.)

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THE WATER OF PHILADELPHIA

AS A VEHICLE FOR THE ADMINISTRATION OF HOMŒOPATHIC
MEDICINE.

BY CHARLES H. HAESELER, M.D.

UNQUESTIONABLY this is a subject of great and growing importance to the homœopathic profession of our goodly city. If it were only the turbid, ashy-colored, soapsuds-like liquid that during half the year constitutes our drinking-water, as it presents itself to our senses of sight, taste, and sometimes smell, it were enough to fill some of us with grave doubts as to the propriety of mixing our nice and delicate attenuations of medicine with this abominable muddle. But the writer hereof knows something of the origin, the fountain sources of this water; knows how it is originally loaded with all manner of medicinal elements from the bowels of the earth—the thick, murky drainings of those subterranean fields of labor, where men with dim, lustreless oil-lamps hooked to their cap-rims, move about like sooty spectres in the dark regions of Hades; where the sharp thud of the miner's pick, the click of the hammer upon the drill, and the muffled boom of the blast, are all the sounds heard in the darkness, of the digging of the anthracite coal; except, indeed, the ceaseless dripping, splashing, and oozing from

the cavernous roof and sides, of the water which constitutes a saturated solution of many minerals, and the steady, regularly repeated strokes of the powerful steam-pump, forcing that water up from the great depth, that it may in the open day run down the hillsides and commingle with a hundred similar streams, to swell the volume of that Schuylkill River about which the deluded people this side of the coal regions entertain such beautiful and romantic sentiments; and knowing these things, he finds it necessary to lose faith in either the law of dynamization and heightened medicinal action of drugs through trituration, succussion and attenuation; or in the reliability of this kind of water as a medium for medicines so prepared: and he prefers to lose faith in the latter.

Let us look this thing squarely in the face, and use the reasoning faculty which God has given us. If the reader will go up to Schuylkill County, and follow the streams known as the West Branch, Mill Creek, Norwegian, &c., to their sources, with the smaller tributaries that supply them, mostly from the coal mines everywhere to be met, he will find not a living fish in any of these waters, and the stony banks during the summer, when the waters are low, incrustated with a yellow deposit, caused by various and manifold chemical reaction of carbonate, sulphate, and oxide of iron, and many other basic salts and minerals, with sulphur and sulphuric acid. Already in the mines, where the water percolates through the earth into the provided drains, it becomes the vehicle, in various proportions, of such agents as coal, iron, sulphur, copper, alum, &c., and whatever chemical products may thus be formed by affinities of these substances for each other in solution, that which is most readily soluble or diffusible in water is probably the one which holds the preponderance in the water, and undergoes, according to the law of dynamization, a long course of trituration and succussion during its onward flow to Philadelphia.

The first thorough shaking up which the, so to say, mother tincture of the preponderant agent acquires, is in its progress through the suction-pump, by which it is forced up from the mine. Thenceforward as the little stream purls over its rocky bed, every cascade, every trifling precipice over which it ripples, every acute curve which encounters its course, all cause succession of its molecular constitution. In truth, its entire descent through glens and ravines, and at length over the bed of the river swollen big with many tributaries, is a constant uninterrupted agitation, very similar to that which makes Dr. Fincke's medicines so valuable in the estimation of many physicians.

At the same time, in the continuation of this hypothesis, it may be said that every tributary stream that commingles its water with its own, serves to attenuate the medicinal property of the water and makes it an additional potency higher, so that by the time it arrives at Philadelphia it constitutes an attenuation of *Ferrum sulphuricum*, or *Ferrum carbonicum*, or *Kali sulphuricum*, as the case may be, of just so many potencies as the original solution of those drugs has been diluted by the number of accessory streams on its downward journey. But, after all, the medicine may be materially modified in Berks County, where the Maiden Creek pours into it its strong and copious solution of *Calcareo carbonica*. At any rate fish manage to live again in the water below the influx of Maiden Creek. But, although it thenceforward loses its toxicological character, it is yet most likely that the therapeutical property derived from the coal mines is still preserved. If, however, the water of Schuylkill River is possibly influenced for the better—certainly for the better as a beverage—by the accession of Maiden Creek, what, alas, are we to say of the change that must of necessity come over it again this side of Manayunk? In fact, all the way from Norristown, till close upon the purlieus of Philadelphia, the eastern shore of the river especially is

lined with almost one continuous succession of cotton factories, to which dye-houses are attached, every one of which pours into the stream a daily current of filthy wash-water and concentrated solution of some of the most deadly poisons, such as cyanide of potassium, arsenite of copper, Prussian blue, and other similar chemicals used in the process of dyeing. And on the west side, even but a short distance above the dam at Fairmount, the water which flows through the ravine at Mantua empties itself into the river, and carries with it great quantities of filth, blood, and offal from the slaughter-houses of that precinct. But, says your good-natured Philadelphian, the water is all filtered and purged of these impurities before it gets into the various reservoirs, from which it is distributed through the city for people to drink. Is it, indeed? Well, that certainly improves it somewhat, inasmuch as the dead carcasses of rats, cats, and dogs, and garbage of heavy calibre are thereby excluded from the reservoirs *bodily*; but unfortunately not before a great deal of obnoxious material is soaked out of them, and being held in solution passes through the filters. Let any one filter Fowler's solution of arsenic, and he will find that liquid quite as deadly a poison after it has passed through the filter as it was before.

One of the chief objects in the purchase of Fairmount Park by the city, was to secure thereby the purity of the river for the distance upward to which the park extends. But admitting even that no impurities were allowed to taint the water within the prescribed limits, though, as above shown, such is not the case, is it to be supposed that the poisons which commingle with the water farther up have any respect for such boundary lines, and quietly settle down to the bottom, in awful dread of the Park Commissioners? Can these functionaries draw a chalk-line across the Schuylkill at any point, and say to one, or all of the poisons contained in it, Thus far shall ye go, and no farther?

It is said that chemists have analyzed the water above Fairmount dam, and found it pure. If that be so, and the analysis given an honest one, in the face of the obvious fact to all who have eyes and nose, to see and smell the drainings going into the river, it is enough to throw a doubt upon all the analyses of chemists that were ever made. For certain it is, that poisons and other obnoxious matters do get into the water, and, by virtue of their affinity for that element, are held by it in solution, and if they cannot be discovered by the tests of chemistry, then it is high time that nobody be hanged any more on the evidence given by such authority. Indeed, it may be said of chemical analyses in general, that in many cases, the implicit reliance placed on them is entirely undeserved. In proof of this, it may only be stated that the different accounts given by different authors, of the ingredients of blood, for example, or milk, or any of the mineral springs, almost invariably differ to some extent. Of a score who have thus recorded the constituent elements of blood alone, each as ascertained by himself, no two are precisely alike. And it is generally found, in cases of supposed murder by poison, when substances derived from the defunct body are analyzed by the party for the defendant, that the result differs materially from that discovered by the party for the plaintiff. But the Schuylkill is, after all, a pretty large body of water, and, granting that the before-mentioned poisonous substances, in their admixture with this great solvent, are so much diluted as to become imperceptible through the chemist's tests, it still does not prove that the deleterious influence, however extensively diffused, is altogether lost. Every homœopathic physician knows that his attenuated medicines exert an absolute and undoubted influence upon the human body; yea, thousands of physicians, thoroughly educated scientific gentlemen, can testify to this fact from their own experience; yet, we all know that it is impossible by chemical tests to discover the properties by virtue of which it is

that such medicines do act. Then what does it amount to if, in a similar process, nothing is discovered in the water of the Schuylkill, that may be either obnoxious or conducive to the good health of those who drink it. There can be little doubt that water, such as this just described, must exert, notwithstanding the opinions of the chemists, an influence upon those who drink it, more or less injurious. The residents of the city, who have been accustomed to its use for many years may, and probably do, become in a measure habituated to it, as people become habituated to many other things, and thereby through much abuse become less vulnerable to the primary injury accruing therefrom; instances of which may be found in those habituating themselves to alcoholic stimulants, opium, tobacco, &c., as also, people become acclimated to certain localities where malarious or other morbid atmospheric conditions prevail. In evidence of this may be cited the fact, that it is no very uncommon thing for visitors from a distance to this city to be taken sick shortly after their arrival; the disorder generally being of a functional nature, and of the stomach, or bowels, or liver; producing diarrhœa or dysentery of various type or degree, or more or less fever with derangement of the liver for a basis. There are few physicians, in general practice, who will not at once recognize the correctness of this statement; being called upon for their aid by such patients, and oftentimes by persons who convey the impression of enjoying excellent physique, and the best of health at their own homes. Such occurrences are probably more correctly attributable to the peculiarity of the water, than to any meteorological condition that may at the time prevail. During the whole of last summer, it occurred to the writer that there were but few and brief seasons when the water was not execrably muddy, and to all appearances unfit to drink; whether imaginary or not, to him at least, it was offensive even to the olfactories.

On Chestnut Street quite a traffic was carried on by the

sale of an ingeniously contrived filter—a conglomerate body of sand, with small, elastic hose attached. Necessity is the mother of invention; and the demand for such contrivances being unusually great, it stimulated the invention in this instance of extra facilities for cleansing the water. Has anything obnoxious to the sanitary condition of the city resulted from this? Who is it that will stand forth and conscientiously avow and prove that there has not? From the early fall, through the whole winter, up to the present writing, an unusual amount of sickness of a low, typhoid type has continued to prevail, and a percentage of mortality almost double that of the corresponding season in years past. It is true that the principal part of this excess in sickness and mortality was attributable to the prevalence of a specific element of contagion, that of small-pox; but may not the stubbornness with which this epidemic has persisted, be in a measure indebted to other local causes, chief of which is probably the condition of the water? If not, why is it that the same epidemic, though it prevailed also in New York and other populous cities, has everywhere else been kept in greater subjection?

This contagion is no respecter of persons, and a nucleus from which to emanate once being established in any large city, especially in the tenement-houses of New York, it would be quite as likely to spread and become unmanageable there as in Philadelphia, unless other influences serve as reinforcements to its onward progress.

At Harrisburg an epidemic form of diarrhoea has prevailed for some time past, creating no little concern among the citizens of that place. The disease was by common consent accredited to the water—the city being supplied from the Susquehanna—and many and variable were the conjectures as to the precise nature of this disturbing element in the water. At length, according to the latest accounts, it was absolutely ascertained to arise from filth; and it is but necessary to state that the difficulty when

discovered was at once remedied, and the epidemic arrested in its further course. That Philadelphia, in many other and important respects, enjoys great advantages over most other American cities cannot be denied; but local pride should not permit its citizens to persist in underestimating the importance of this subject. New York is probably supplied with better water than any other large city in the world; but the enterprise shown by that city in bringing that water through pipes a distance of some sixty miles was certainly no ordinary one. If Philadelphia cannot thus be supplied from some pure river, however distant, so much at least can be done, namely, the construction of an extensive sewer, beginning above Manayunk, and ending in the river below the dam at Fairmount, into which sewer all the drainage of the factories and dye-houses along the river shore shall be conducted; and a similar sewer on the west side, to receive the refuse from the drains and slaughter-houses of West Philadelphia.

But to come back to our starting-point. How is this water suited to the purpose of homœopathic physicians, as a medium in which to convey their medicines? For, as the writer has endeavored to show, this liquid at Philadelphia presents essentially a dual character—one of contamination, and the other of medication; the result of which is to make it capable of a distinctly twofold manner of deleterious action upon the human system.

The first of these is the action of the gross impurity, received principally along the lower end of the river, by virtue of which sickness may be produced or maintained; and the other deleterious condition is that received from the being in itself a vehicle of some drug element, received from the coal mines at its source, and thoroughly triturated and diffused through it during its course.

Instances have been recorded where persons, through long and persistent *proving* of some homœopathic medicine, have ultimately injured themselves, bringing on thereby constitutional and organic affections, from which

they never subsequently recovered. The writer firmly believes that the late Messrs. Rademacher & Sheek, who at one time kept the establishment now held by Dr. Boericke, of this city, both fell victims to their persistent provings of medicines. In like manner this water, so much spoken of already, may exert an insidious influence for harm, which it may be impossible to distinguish or separate from other morbid agents, but which nevertheless goes steadily on. And who may say how many cases of organic heart disease, dyspepsia, tuberculosis, and other structural changes may owe their distant origin and development to this stealthy and disguised agent, with nobody to conceive the remotest suspicion of the truth thereof! Is it so very extravagant to suppose that a proving of sulphate or carbonate of iron, continued uninterruptedly through many years, may eventuate in a condition of anæmia, or heart disease, in consequence, or of derangement of the menstrual function in females? All constitutions, it is true, may not be susceptible to this influence, just as all persons who prove medicines may not be injured thereby; of whom Hahnemann himself, who lived to a very old age, and our own venerable Dr. Hering, are striking illustrations; but, notwithstanding this, there have been undoubted instances of unhappy results, such as above mentioned. If then the least evidence can be adduced that this water is capable of exerting such a power, that capacity certainly unfits it as a vehicle for homœopathic preparations prescribed for the sick.

Such is the writer's conviction; and reasonable as it must appear to every physician upon due reflection, the statement of this opinion would nevertheless have been withheld, if it had not been confirmed by several instances of most conclusive experience. During the first few months of his practice in Philadelphia, the writer, after mixing a certain remedy with a glass of water, for patients, failed to observe the beneficial results therefrom which

he was accustomed to observe from the same remedy in apparently precisely similar conditions of sickness, when he practiced in a town in the interior of Pennsylvania, which is supplied from a pure mountain stream, entirely free from mine water. Several repetitions of this kind, when he felt quite certain of having selected the appropriate remedy, served to convince him that there must be something wrong with the water. Whereupon he gave his medicines with sugar of milk, and found all difficulties of this nature obviated. Since then he has prescribed all medicines in the form of powders or pellets, except occasionally during the past winter, when he could substitute pure snow-water.

For the Hahnemannian Monthly.

*From a STUDY OF PLANTAGO MAJOR (Humphreys's proving).
Read before the New York County Homœopathic Medical
Society, by Carroll Dunham, M.D., Chairman of the
Bureau of Materia Medica, January 10, 1872.*

"I COULD not with propriety conclude a notice of this proving without an allusion to the Preface, by which Dr. Humphreys, over his own name, introduces it to the profession.

"After apologizing for the tardy publication of the proving, which was made more than ten years ago, Humphreys says:

"The apology is twofold. I did not think I received proper credit from the profession for my proving of the *Apis Mellifica*, the first ever made, early in 1848. After experimenting alone with that medicine for two years, I called the attention of the Central New York Homœopathic Medical Society to the subject in an address upon the occasion, and distributed the drug to the members for experimentation, and solicited their aid. Some trifling additional contributions were obtained, and I moved, at the following annual meeting, for a Committee of Publication, upon

which Drs. Leveret Bishop, F. Humphreys, and E. A. Munger were placed, in the order named. Dr. Bishop supplied some valuable symptoms from the involuntary proving of a patient of his, and gave many cases from practice, and contributed his personal suggestions and labor. Dr. Munger confirmed a single symptom. Dr. L. B. Wells, of Utica, made a proving, and confirmed some symptoms, and Dr. Green reported some cases. I united these with my own provings, arranged and published them, distributing copies gratuitously to the profession everywhere. If I have ever received so much as a dollar in return for it, I have now forgotten it. This pamphlet, which contains the gist of *Apis Mellifica*, to which the labors of subsequent writers have added comparatively little, was in every respect my own, as much so as any work of the kind could be, and I felt a reasonable pride in my contribution to our *Materia Medica*.

‘A year later Dr. Hering, with his accustomed acumen and zeal, took this pamphlet which I had sent him, made a further proving upon himself, gathered from medical literature the symptoms derived from the stings of the bee, and added some dissertations on the cure of the sting, and the natural history of the insect and the poison, and, thus enlarged and enriched, published it among his *Amerikanische Arzneiprüfungen*. Yet when Dr. Hering, at the close of his work, gives the names of his “associate provers” and co-laborers, he omits mine, while he gives those of my partners and students, and the assistants in my office, obtained only through my pamphlet; and so completely was my labor ignored on that subject, that Dr. Wolf in his monogram on the *Apis Mellifica*, while extolling Dr. Hering as a benefactor of his race for the *discovery* of the *Apis Mellifica*, does not even mention any other name in connection with it. It did seem to me that Dr. Hering, with his vast wealth of reputation in both hemispheres, needed not to have taken this one lamb of his poor neighbor to offer as a feast to his friends, and that he might have so written his article as to have given me a fair amount of my just credit for its discovery and introduction. The New York State Homœopathic Medical Society published my proving some years later in their Transactions, on what authority I know not, for that society never had anything to do with it, and Dr. Snelling and others have incorporated it in their works; but nowhere do you find Dr. F. Humphreys’s name mentioned in connection with it, while the names of those who derided it during its proving, are now frequently associated with it. I think I have said enough to show that my encouragement had not been such as to justify any enlarged labors or sacrifices in that direction.’

“And, in a postscript to the preface, he says:

‘Since the above was in type, I have had a personal and pleasant interview with Dr. Hering, and am satisfied that the apparent neglect on his part was entirely unintentional; that in the making up of the index of

his work he furnished no copy, but trusted entirely to his printer; and that had he seen the monogram of Dr. Wolf before its translation, he would have corrected the erroneous impression therein conveyed. I therefore cheerfully retract the reflection above made, while yet it seems to me I may permit it to stand, as a part of my apology for delay.

F. H.'

"If I understand language correctly, this postscript would justify the conclusion that Dr. Hering had, indeed, ignored Dr. Humphreys's labors, and had appropriated their results, but had satisfied Dr. Humphreys that he had not done it with malice aforethought, but through inadvertence; that, nevertheless, it had been done.

"Now, the fact is that Dr. Hering, in the work alluded to (*Amerikanische Arzneiprüfungen*), did most explicitly, and in the fullest and amplest manner, give Dr. Humphreys credit for being the first to introduce *Apis* into the *Materia Medica*, and to prove it—credit, in fact, for all that Humphreys claims. He cites the pamphlet referred to by Humphreys, quotes fully and verbatim all that Humphreys has published in the way of provings and of clinical reports; and, in his register of symptoms, credits to Humphreys every symptom reported by the latter.

"Thus, in his introduction to the *Symptomatology of Apis Mellifica*, Dr. Hering says (p. 177, *Am. Arzneiprüfungen*):

'The first to institute provings with bee-virus upon the healthy, and who instigated others to do the same, and for years pushed the thing until he had accomplished his object, was Dr. F. Humphreys, who communicated his purpose to me in 1848. He introduced living bees into a wide bottle, made them angry by succussion, and then doused them with alcohol. His experiments on the healthy were made with the tincture thus prepared.'

'July 3d, 1850, Dr. Humphreys issued a circular, which he distributed along with his preparation, asking provings and clinical essays, calling attention to some of the most striking peculiarities of the action of the bee poison, and citing the diseases in which it deserved to be given.'

"How *could* the facts, as Humphreys states them, be more explicitly recited, and how could the honor of

priority be more distinctly conceded than is here done by Hering to Humphreys, in this portion of the essay on Apis, in the *Amerikanische Arzneiprüfungen*?

"Again, page 211, under the title 'Preparations,' we find:

"*Apium tinctura.* Humphreys." Directions as given by Humphreys follow.

"Again, pages 252, 253, 254, 255, we find translations of Humphreys's reports of his provings of Apis Mellifica, and all expressly ascribed to him in the following manner: '2. F. Humphreys took, August 25, 1849, 2 p.m., a drop of his tincture upon the tongue. After five minutes, &c., &c.'

"3. F. Humphreys took, Nov. 2, 1849, 8.30 a.m., two drops of the 1st dilution 5 to 100," &c., and so on.

"Again, page 273, under the title 'Clinical Reports,' we find:

"No. 1, a case reported by 'F. Humphreys.' No. 2, 5, 6, and 17 are all reported by Humphreys and ascribed to him. There are, in all, thirty-two of these cases by various authors.

"*Finally*, in the list of provers on page 293, appears the name 'Humphreys' credited with eight provings and five clinical reports—a larger number of each than we find attributed to any other person.

"It is evident, from Humphreys's description of Dr. Hering's treatise on Apis Mellifica in the preface quoted, that he is familiar with the treatise. But I cannot conceive how a writer, with Hering's work before him, could bring himself to make the statements contained in Humphreys's preface, and repeated rather than retracted in the post-script.

"No writer is more scrupulously particular than Dr. Hering to ascribe every citation to its author. It is due to him and to the truth to show how baseless is Humphreys's charge of unacknowledged appropriation."

CRITICISM MISAPPLIED.

BY PEMBERTON DUDLEY, M.D.

WITH some the most approved way to refute a heresy is to "squelch" the heretic. And a very nice, easy sort of method it is. It "saves time, saves labor, saves temper;" like patent soap. This was the plan so successfully (?) adopted in the times of Socrates and Galileo, and the *Auto Da Fe*. And it will answer the purpose now, thinks the writer of "Hahnemann and Misapplied Homœopathy" (see April number of the *Hahnemannian Monthly*), who, not stopping for a moment to combat "Homœopathy Misapplied," straightway proceeds to demolish its author; thus laying the axe of criticism at the root of the tree.

There are two passages in his article which the reader should be guarded against misconstruing. First, the remarks in reference to "beginners" are not intended to apply to myself especially, else we should have a renewal of the proverbial quarrel between the cooking utensils; not, however, as before, in reference to color, but in regard to rank; and this time a more one-sided contest, the pot having been in service four years, and the kettle eleven. Secondly, I am *not* the "medical acquaintance" alluded to who so ungenerously "monopolized the study of ammonia."

Here let us pause a moment in contemplative admiration of my critic's figures. The thought of "*tainting* a superstructure," and that too with "ammonia," is nothing if not original. And the idea of placing a "new truth" or a "missing link" in a "long-prepared niche," to the exclusion of statues, vases, and all such things, affords a novelty in the way of metaphor "which delights" and almost "dazzles" me.

The statement that "no true scientist ever rides a hobby," is open to question; but let that pass. Not so, however, his remark about "one-ideaism." In a certain

range of diseases he claims that they all can and should be treated homœopathically, while I insist that they must be arranged in two classes, one of which can and should be treated on homœopathic principles, and the other *cannot* be. Here at least I have two ideas where he has only one. Now whether *his* "one-ideaism" is the result of a "false education," or of a "paucity of knowledge," he is at liberty to judge; and I shall not undertake to dispute with him, no matter to which of these conclusions his investigations may lead.

His description of the writer of "Homœopathy Misapplied" presents that individual in a somewhat strange character. It appears that he is "a gentleman of education and integrity," although he has received a "*false* basal education;" that "his collegiate impression of homœopathy is incorrect;" that "he knows nothing of molecular action, of direct and indirect action, or *of disease itself*." Moreover he does not understand "the manner of nature's cure of hemorrhage," or "how medicines act;" and yet this same "gentleman of education and integrity" is actually engaged in the practice of medicine. The utter absence of all connection between these conflicting passages forbids the supposition of intentional irony, else John Randolph, of Roanoke, might well look to his laurels.

The anomalous individual to whom the passages quoted refer received "his collegiate impression of homœopathy" from such men as Professors J. K. Lee, O. B. Gause, Thomas Moore, and the lamented S. S. Brooks. Oh! why *didn't* they teach molecular action? And the men who should be held at least partially responsible for his ignorance of "nature's method of curing hemorrhage" are the distinguished Gross and the brilliant Gardiner. Many of his errors must also have been imbibed either in consequence or in spite of a very careful study of the Organon, in obedience to the earnest and repeated injunctions of his teachers of Materia Medica and Homœopathic

Institutes, Professors Lee and Brooks. [By the way, I wonder if Hahnemann understood "molecular action!"] The questions about "*post-partum* hemorrhage," quoted from the paper on "Homœopathy Misapplied," look as though its writer *does* have a faint conception of "nature's method of curing hemorrhage;" but does *not* know exactly how a healthy bloodvessel, accidentally wounded, can be cured of disease which does not exist, or how "healthy liquid blood" can be *homœopathically cured* of its liquidity.

It is not expected that our critic (?) will be convinced by any train of logical reasoning, nor even by the quotation from the Organon. But here is one other from the same source. In section 7, Hahnemann distinguishes between those cases in which "we can perceive nothing but the symptoms" and those others "in which a manifest or exciting cause (*causa occasionalis*) presents itself for removal." In reference to the first, he says, "these symptoms alone must guide the physician in the choice of a fit remedy to combat the disease," and in regard to the second he remarks in a footnote: "It is taken for granted that every intelligent physician will commence by removing this *causa occasionalis*. Then the indisposition will generally yield of itself. Thus it is necessary to remove flowers from the room, where their odors occasion paroxysms of fainting or hysteria; extract from the eye" (with aconite?) "the foreign substance which occasions ophthalmia; lay bare and tie up a wounded artery" (with a homœopathic shred of cinchona bark probably) "where hemorrhage produces fainting; extract the foreign particles which have introduced themselves into the openings of the body" (except "fish-bone in the throat" which of course must be treated with "cicuta"); "grind down a stone in the bladder" (but homœopathically medicate a stone in the ureter); "open the imperforate anus of the new-born infant, &c., &c." If any further quotations are needed, we have still left "a few more of the same sort."

And yet, some of those who hold notions utterly at variance with these and other plainly expressed views of Hahnemann, would fain conceal their own absurdities behind the arrogated title of "Pure Hahnemannian." Fudge! It is enough to start the old philosopher from his thirty years' slumber, in indignation and disgust at such a slander.

The writer of "*Homœopathy Misapplied*" simply endeavored to show that his own views—views long ago expressed by others, yet denied by some—coincide with the teachings of reason and are in accord with the sentiments of Hahnemann. And it was just here that he so shocked the sensibilities of his professional brother. If he "deserves unmitigated censure" for having respectfully differed with Hahnemann in regard to a minor point, what shall be said of his critic, who with such glib mimicry, offensively speaks of one whose labors have furnished us with a very large proportion of the best homœopathic literature extant, and who was bravely fighting the battles of Homœopathy at a time when it involved so much of sacrifice, and when his detractor was still "mewling and puking in his nurse's arms?"

Of the intolerant spirit manifested in the criticism a well-known author says: "We are not so devoid of sense as to claim for him (Hahnemann) infallibility. . . . We are aware that there is a limited number of intolerant and contracted persons, who would gladly repress all further original thought, and stifle all future investigations upon the subject of Homœopathy. Bigoted, weak of intellect, and incapable of generating an original idea themselves, they have the presumption to set up a doctrine of infallibility for the present as well as for all future generations, perfect in all respects and ever to be blindly worshipped. Such men are a curse to any system." (Marcy's Preface to the Lesser Writings.)

In the language of the venerable Hering, "Is there a physician who feels that individual expressions will apply

to him? Let him take heed to the truth." (Preface to the Organon.)

Let no one suppose that valuable space and time have been thus occupied for no better purpose than merely to answer such a paper as that entitled "Hahnemann and Misapplied Homœopathy." Let a higher motive be conceded; to protest against the acts of those who are holding up and reverencing an *ideal* Hahnemann who never had an existence except in their own fancy, and to urge upon them such a careful study of the Organon and of the philosophy of medicine generally, as must and will exhibit the actual Hahnemann in a far more exalted character as respects his genius and the results of his labor, than they have ever yet conceived.

THE PREVENTION OF UTERINE DISEASES.

BY HARRIET A. DADA, M.D.

(Read before the Central N. Y. Hom. Med. Society.)

A LADY, who had been for some time an invalid, once said to her physician: "Doctor, why is it that we women are so much more feeble and sickly than men?" He replied: "Oh, you are women, that is all;" thus intimating that women were so constituted by the Creator as to be unable to bear the responsibilities of life without assistance from the medical profession. It seems, too, that a class of doctors make large calculations for pecuniary profit from the same source. If not, why did Dr. Storer, of Boston, in inviting young men into the profession, say regarding gynæcological investigations, "There is a wealth of legitimate and lucrative employment as yet almost unopened, awaiting the zeal of the special worker?" It seeing, as he must, how most of these diseases can be prevented, he had urged upon the profession the duty of teaching mothers the necessity of living healthfully, and to so train their daughters as not to be invalids, then he

would have spoken in the interests of humanity, and doubtless have influenced many; but, instead of a mine of wealth that would turn out dollars, their reward would be women fit to be wives and mothers for generations to come, compared with which a wealth of money would be of very little account.

Setting aside tumors and cancers that may be found in other tissues besides those of the uterus, there is a long list of inflammations, ulcerations, and displacements, with and without flexions; so that it often seems that those persons are the exceptions who do not suffer more or less from some one or more of these conditions; and yet if there is one class of diseases more than any other that can be prevented, it is uterine diseases.

There is no necessity, in woman's organization, that she should be the ailing, sickly being she so commonly is in all enlightened countries. True, there are occasional instances, where, from imprudence during menstruation, or after parturition, women are sick; but these very cases are oftener the result of ignorance than necessity.

Then, too, from sexual excesses, and from maternity too often imposed, and from the effects of procured abortions, many a woman becomes a lifetime sufferer. These cases occur because of the ignorance of both husband and wife, and who but the family physician can remove the veil of ignorance, behind which are hidden so many of the causes that bring disease and premature death to so many households, and leave so many children motherless?

No doubt the customs of enlightened life have depreciated women's power of endurance; but ignorance of and disregard to the laws of health, have brought about these customs.

If, with simpler food, the habits of daily exercise in the open air were commenced in childhood, and continued into womanhood, we should see a far less number of sickly young ladies and invalid women. But in order to receive

the full benefit of this exercise, the present style of dress and underclothing needs to be changed.

Doubtless there is no evil practice so common among women as tight lacing, with or without corsets.

Many a woman does not know that she is wearing her clothes so as to injure her health, and why does she not know it? The family physician has never told her of the danger, and who else in the community so well understands it, and would be able to warn with so much effect? Every physician knows that as the corset or waist is drawn tightly together, and the weight of the skirts sustained by the hips instead of the shoulders, the intestines are pressed down upon the uterus, and an array of diseases that may well be called legion brought into being. This pressure is often continued for fourteen hours out of the twenty-four, and sometimes longer. In estimating the effects of pressure upon the uterus its extreme mobility must be borne in mind. Tight lacing is not the only impropriety in the present style of women's dress; for while the body may be warmly clad, under the skirts often sweeps the chilling blast, and from the wet earth rises a moist vapor, which too often comes in contact with limbs encased only in thin cotton, or, perhaps, cotton flannel. Then, too, the arms are often only covered with the dress sleeve.

The drawers are tightly buttoned about the waist, thus interfering with the venous circulation, and also adding to the pressure upon the pelvic organs; and farther down the thin stockings are kept in place by tight garters or elastics, which, with tight shoes—it may be, of cloth—prevents the healthful circulation of the blood, causing numbness, weakness, and coldness of the lower extremities.

While the blood is thus prevented from circulating freely, the brain and internal organs receive an undue amount.

When we consider this, and at the same time the pres-

sure upon them from tight lacing, is it any wonder that so many of the women of our land are under the doctor's care for various uterine diseases?

The question arises, How can women dress more healthfully? I answer, let the merino wrapper and drawers be worn next the skin; the drawers sewed to the wrapper, or supported by shoulder straps. Then, outside this, a suit of woollen or cotton flannel, and on the waist of it let buttons be sewed, and every skirt supported by these buttons.

Let thick stockings, either of cotton or woollen, be worn, and attached to the waist of the undersuit by rubber bands, and thick-soled shoes upon the feet during all seasons of the year.

Let the corsets be dispensed with, and the dress waists be made several inches larger than ordinarily, so that the lungs may have room to expand to their full capacity; then the organs of the abdomen and pelvis will not be crowded out of place.

If changes in the habits and customs could be brought about, we should see beneficial results in one generation; but it would require several generations to place woman in her proper physical sphere.

Before any improvement is made its importance must be estimated by women, and a desire for it cultivated.

Upon the doctors of the past generations rests the responsibility of so many sickly women of the present; and upon the doctors of the present rests the responsibility of health or sickness for the women of the generations of the future.

I will not say that we spend too much time in seeking out remedies for every phase of disease, but too little time in searching out the laws of health, and teaching them to the people.

It has been well said that preserving health, and teaching people how to preserve it, is more and more arising in

the minds of the thoughtful into proportions greater even than the honorable task of healing.

The physician who not only cures uterine diseases, but teaches how they may be prevented, and thus raises a higher standard of health among the women of this age, by so doing elevates the race.

CLINICAL CASES.

BY D. A. GORTON, M. D.

Amenorrhœa and Sulphur.—Miss F., age 25, a dark, choleric-looking woman; has been irregular from puberty; courses scanty, recurring at long and variable intervals. At the date of this prescription there had been no return of the menses in four months. The patient is anæmic; suffers from vertigo, frontal headache, and mental depression. There is, also, leucorrhœa, yellowish, excoriating; constipation of the bowels; abdominal and sacral pains. *Sulph.*³⁰ daily, for one week, and *Sacch. l.* for two weeks, were followed by the restoration of the menses, and a wholesome change in the leucorrhœal discharge.

Amenorrhœa and Bryonia.—Miss K. M., age 25; menses regular as to interval, but defective in quantity, quality, and duration. General condition of the patient, fair. Complains, however, of fugitive pains, of a shooting character, particularly about the chest and epigastrium. Morning cough; expectorates then a yellowish, tasteless sputa. The patient, also, has a nervous, agitated manner, and seems to be unreasonably anxious about her condition. *Bry.*³⁰ promptly relieved her of this anxiety, and prolonged the duration of the courses, which had previously been two days, to four days. The cough and intercostal rheumatism also soon disappeared without change of remedy.

Amenorrhœa and Arsenicum.—Miss B. H., age 30; thin and cachectic. Has had no recurrence of the catamenia

in four months. Menses have been for many years irregular and deficient. Complains of defective appetite; nausea after meals; heavy pain at the epigastrium, and a sensation there as if a heavy weight or stone were in the stomach. *Ars.*³⁰ improved the general condition, and was followed in the course of two weeks with the catamenia.

Amenorrhœa and Nux vomica.—Miss K. S., age 21; a thin, choleric-looking girl. Menses very scanty, continuing but a day, preceded and followed with copious leucorrhœa. Appetite poor; bowels obstinately costive; digestion difficult, imperfect; and assimilation defective. *Nux v.*⁶, given at varying intervals during a month, gave great general benefit, and restored the normal duration of the menstrual flow.

Semi-lateral Neuralgia and Mercurius sol.—Mrs. R., age 40; mother of numerous children. Complains of sharp, tearing, sometimes benumbing pains in the left half of the body, but chiefly in the left temple and occiput; pains aggravated at night and when warm in bed. General debility, want of appetite, and obstinate constipation of the bowels. A few doses of *Bry.*⁶ were prescribed, and brown bread and oatmeal advised as a part of the diet. Afterward *Merc. sol.*³ greatly ameliorated the neuralgia.

Dysmenorrhœa and Pulsatilla.—Miss S., age 20. Menstruation has been painful from puberty; cramps, vomiting, and even spasms attending the first appearance of the monthly flow, which, light-colored at the outset, soon becomes dark and clotty. During the menses the patient is nervous and excitable; at night is restless and sleepless. Bowels habitually and obstinately constipated. *Pulsat.*⁶ and brown bread gave prompt, and apparently, permanent relief.

Retroversion and Nux vom.—Mrs. K., age 33; mother of four children; suffers from disordered digestion, constipation, &c. Has chronic endometritis; womb also dislocated backward; constant bearing-down pressure on the rectum;

also pressure on the vesica, with ischuria; excoriating vaginal discharge; sallow complexion; a yellow circle around the mouth. *Nux vom.*³⁰, in connection with a nourishing diet, was followed with an obvious abatement of the pains of uterine dislocation, and a clear gain in the general health. The endometritis was also favorably modified by the *Nux vom.*; but further development of the case was prosecuted by *Sepia*³⁰, an account of which is reserved for that remedy.

Prolapsus Uteri and Pulsatilla.—Mrs. J. H., age 19; a small, delicately-formed woman; is nursing her first child, which is aged six months. Patient complains of constant bearing-down sensation; a feeling, also, as if a heavy weight were suspended from the epigastrium. A nourishing diet and *Pulsat.*⁶ relieved these sufferings in three weeks.

EDITORIAL NOTES.

THE MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.—Apart from the regular business meetings of the Institute, which will be very full and interesting, there will be a reception by Dr. and Mrs. Verdi, on Monday evening, May 20th; Mrs. U. S. Grant will receive on Tuesday, from 3 to 5; his Excellency the President will receive the Institute on Wednesday morning, and on Wednesday afternoon there will be a sail down the Potomac River and visit to Mount Vernon; and on Thursday evening Governor and Mrs. Cooke will receive at their mansion at Georgetown. To all of these entertainments members and their ladies are invited. It is confidently expected that the forthcoming meeting of the Institute will be in every respect highly successful. In regard to the meeting in 1873, our friends on the Pacific coast, who are all alive in the good work, have forwarded the following resolutions, which were unanimously adopted by the San Francisco Homœopathic Medical Society, and re-enacted subsequently by the California State Medical Society:

Resolved, That this Society extend to the American Institute of Homœopathy a cordial invitation to hold its session of 1873 in the city of San Francisco.

Resolved, That this Society will use every endeavor to secure the hearty co-operation of all the friends of homœopathy on the Pacific

coast, in order to make the visit of the members of the Institute as pleasant and profitable as possible.

APOLOGETICAL.—The pressure of business incident to the position of General Secretary of the American Institute of Homœopathy, must be our excuse for the apparent neglect meted out to *Our Colleges, Publications Received*, the Boston and New York Fairs, &c. In the June number we hope to do justice to all friends and colleagues.

HOMŒOPATHIC LIFE INSURANCE.

MR. EDITOR:

In the March number of your journal, appears a letter from an impersonal correspondent, signed "M.," professing to correct a few errors made by me in my remarks upon Homœopathic Life Insurance, before your Philadelphia Medical Society in November last. Being firmly convinced of the accuracy of my statements, I ask the favor of enough space in your columns to enable me to prove it.

"M." denies that the Homœopathic Mutual, of New York, is the only company in this country doing life insurance on a homœopathic basis, and asserts that the Atlantic Mutual, of Albany, has not struck its homœopathic colors, but still retains the essential features of a homœopathic company. Now, Mr. Editor, what is a homœopathic life insurance company? Assuredly one that advocates that mode of practice; one that discriminates in favor of homœopathists because it *knows* that they are better and sounder risks; one that is not afraid to say this boldly to the public. Does the Atlantic do these things, or even any one of them? Not one! It *was* homœopathic in the first years of its existence, and discriminated in favor of those who employed our practice; but in March, 1870, it "struck its homœopathic colors," and thus gave a blow to our system which seriously injured it in many parts of the country where it had done business on a homœopathic basis; and this retrograde movement is often quoted there as a proof that our medical system will not bear such a practical test as life insurance gives. This is a notorious fact, and can be proven, if necessary, by a multitude of witnesses.

What is the present position of the Atlantic towards homœopathy? Since its change of base, two years ago, it has never said a word *in public* in our favor, and none of its official publications even acknowledged our existence, except in a vague roundabout way. I have now before me its last manual, published January, 1872; the word "homœopathic" is not mentioned in it! All it has to say about medical matters is contained in these few lines: "Policies issued by this company are classified according to the system of medical treatment employed, and in apportioning the profits or surplus, each member will receive the equitable dividend to which he is entitled by reason of the diminished or increased mortality of his class."

That is all it says! Take your microscope, Mr. Editor, and see if you can find anything homœopathic there! It is non-committalism: nothing more; and according to this, the Atlantic can blow hot or blow cold; can be allopathic, hydropathic, eclectic or homœopathic: can be all things to all men, and thereby offend none! A politic course in some respects, I admit, for it sits on the fence and can jump either way as the wind turns. But as for being a homœopathic company, it has not the slightest claim to the title: for when it does say a word in our favor it does it privately, as it were unofficially, and confines such remarks to homœopathic circles; does not come out boldly and proclaim it to the world at large, lest it might offend some prejudices and hurt business. In a word, the public does not identify the Atlantic with homœopathy.

The circular from which "M." quotes, is an agent's publication intended solely for local use among the Philadelphia homœopaths; the Albany office will have none of them for general distribution, because it must be non-committal and neutral: to homœopaths it would appear homœopathic, to the world in general, it appears allopathic. This circular referred to, speaks of the statistics of homœopathic superiority in treating disease as being meagre, partial, and unreliable; rather a strange way of recommending itself to our profession! This objection, however, will not long avail, for the Homœopathic Mutual is even now engaged in publishing an analysis of the mortality of New York city for two years past, giving the comparative death-rate under allopathic and homœopathic treatment. This is carefully compiled from the official records in the Board of Health, embracing nearly 40,000 cases treated in private practice only, and will be scattered broadcast over the whole country.

If the Atlantic be a homœopathic company, why does it not aid in this good work of educating the people? It has been in operation some six years, and I hear that its classified mortality shows a decided balance in favor of homœopathy. Let it come out boldly in favor of the right: let it publish these results; not confining such knowledge to homœopathic circles, but disseminating it everywhere, because it is the truth, and ought to be known and read of all men.

When the Atlantic does this, when it ceases its neutrality and takes sides with us openly, and advocates our practice as proven to be the best, the most conducive to longevity, then, and not till then, will I admit that it is entitled to be called a homœopathic life insurance company.

There are several other points, Mr. Editor, of which I might treat; but I fear to weary you and your readers. And I will close by asking you a single question; suppose some of the old insurance companies should quietly classify their risks and make their dividends according to the medical treatment employed, would such classification entitle them to be called homœopathic companies, and to ask the special support of our branch of the profession?

E. M. KELLOGG, M.D.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY R. J. MCCLATCHEY, M.D., SECRETARY.

THE regular meeting of the Society was held March 14th, the President, Dr. Jeanes, in the chair. The minutes of the last meeting were read and approved.

MATTHEW S. WILLIAMSON, M.D., was proposed for membership by Dr. W. M. Williamson, and elected under a suspension of the rules.

Nominations were then made for officers to be elected at the annual meeting in April, as follows:

President, Dr. Jeanes; *Vice-President*, Dr. J. K. Lee; *Treasurer*, Dr. Ashton; *Secretary*, Dr. McClatchey; *Scribe*, Dr. B. W. James; *Censors*, Drs. Williamson, Dubs, and Dudley; *Committee on Proving*s, Drs. Guernsey, Haeseler, and Korndoerfer; *Committee on Prevailing Diseases*, Drs. Dudley, Sartain, Ashton, and Williamson.

THE SECRETARY being obliged to leave at this juncture, the Scribe took his place as Secretary *pro tem*.

Dr. BUSHROD W. JAMES, Scribe, then read his usual monthly report, as follows:

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

RAW COTTON-WOOL FOR WOUND DRESSINGS.—M. Guerin's method of dressing wounds is as follows: "The cases of important operations, such as amputations and excisions, as a rule, did very badly. Having been struck with the experiments of Pasteur, Tindall, and others, illustrative of the dust and germ theory of disease, he bethought him of entirely encasing all surgical wounds with a thick coating of cotton-wool, with a view of filtering the air which had access to the part. Take the dressing of an amputation, for example: he wrapped the stump round and round with successive layers of cotton-wool; a liberal use of the substance must be made, and several yards should successively disappear round the limb, and it should be carried up the limb to the body, and in case of the thigh, as far as the waist. By this means all the approaches to the wound are carefully guarded in every direction. The whole should be gently supported by cotton bandages. The dressing is to be permanent for twenty-five or thirty days. On removing it, a healthy granulating surface is discovered, and half a wineglassful of healthy pus is found within the folds of the cotton. This plan turned out very successful, the mortality after surgical operations from gun-shot wounds being considerably lessened."

SUCCESSFUL OBSTETRICIAN.—By attending to certain rules, the result of his experience, Dr. Hamilton, of Falkirk, has been so successful as to have 731 children born alive successively, the 732d being stillborn. He never interferes with the first half of the labor, however prolonged, but allows the os to be dilated naturally by the bag of membranes. The

recommendation of the late Professor Hamilton, not to allow the first stage to last more than from twelve to fourteen hours, he considers bad advice. Supposing the membranes to be ruptured, and a rigid os uteri nipped between the child's head and the pubes, or the promontory of the sacrum, manual dilatation should always be resorted to, or the os will become swollen and inflamed, and so present still further obstruction to delivery. For this purpose, if necessary, the whole hand should be introduced, and the os resolutely pushed up over the head. The second stage of labor should never be allowed to go on more than two hours without the application of the forceps. In Dr. Hamilton's practice he applied them in one case in eight. In special cases we must not wait so long as two hours. The forceps should not be greased before introduction, as this tends to make them slip; on the contrary, it is a good plan to smear them on the inside with India-rubber paste, which soon dries and enables them to lay firmer hold of the scalp, than does the bare metal. Ergot should, by all means, be avoided. Dr. H. believes that the child's life is frequently lost in cases where everything is fair, the head well down in the pelvis, but the case lingering and protracted. (Braithwaite's Retrospect, Part LXIV.)

DR. B. B. GUMPERT'S ECONOMICAL METHOD OF USING VACCINE MATTER AND OF PRESERVING ITS ACTIVITY.—The preservation of vaccine matter is an object of sufficient importance to claim our present attention, as we have all felt the scarcity of reliable virus during the outbreak of the prevailing epidemic, and to prevent a like embarrassment in the future is the object of this communication.

As the virus was more precious than gold, and the supply limited, my first experiments were for the purpose of economizing the tube or liquid matter, and when that was no longer obtainable, I was obliged to use the recent scab from first vaccinations of healthy infants. Knowing how soon the crusts became inert, doubtless from dampness retained in the thick scab, aided by warmth, it occurred to me that the matter, if reduced to thin scales, dried, and carefully secluded from heat, and light, and moisture, would retain their active qualities much longer than when in the form of thick scabs. With this object in view I reduced a recent crust to powder, and with the aid of a few drops of water, a matchstick (or a small glass rod), and a half drachm vial, soon reduced it to a thick, creamlike consistence. I drew fine lines on a sheet of good thick note-paper about the sixth of an inch apart; to divide it into squares, on the centre ground of each square I placed (with the small stick) a dot of the prepared matter, and carefully dried it for half an hour at a temperature of 80° F.

I have charged in this manner from 150 to 200 squares with active matter from one good scab, each square capable of vaccinating if properly applied, and the party susceptible to vaccine influence. The paper may be preserved in an envelope, and kept in a book, which will secure it from atmospheric moisture, as well as light and heat.

In vaccinating with this matter, I scrape off about the eighth of an inch of cuticle to the "raw" or bleeding surface, and carefully cover the square with a small patch of gummed paper or court plaster for twenty-four hours, when it should be removed by the aid of a damp rag. I find in winter that vaccination is more successful if the arm is covered with an extra thickness of woollen for three or four days, to assist in keeping the vaccine cell warm, as heat and moisture are requisite to the successful development of vaccination.

At present I cannot say positively how long the matter so prepared may keep good, as I have only used it from last October, and so far am satisfied with it. (Feb. 1, 1872.)

EXPERIMENTS WITH FLOATING VIRUS.—The microscope having failed thus far to reveal to our view the miasm or diseased germs which are transmitted through the atmosphere from one individual to another, or from some generating miasmatic locality or object, M. Chaveau has been for a considerable time experimenting with the different kinds of infecting virus from diseases, in the following manner: He collected the virulent matter in a cup, which, having placed it on a plate of glass, and covered it with a glass bell, he submitted to a temperature of 40° Centigrade, cooling the outside of the bell by cotton on which ether was dropped. Having collected the distillate, he inoculated side by side with it, and with the virulent matter from which it arose. The virus of small-pox was the subject of the most of his experiments. As a result of these investigations, he has established the fact that the inoculable matter escapes with the distillate, inasmuch as inoculation with it always succeeded. Lastly, he repeated the experiment twice with the virus of epizootic typhus, which more subtly than any other infection dissipates itself through the atmosphere.

BE CERTAIN AND CAREFUL.—The necessity of being thorough and extremely careful in making chemical tests has recently been sadly shown in more than one instance in open court to the loss of reputation of the expert. One of these only we will allude to. In New York Superior Court a suit involving the trade-mark of a brand of mustard occurred, and analytic chemists were employed by both sides. One claimed that mustard contained eleven per cent. of starch, and the other contended that mustard had no starch in it at all.

The *Boston Journal of Chemistry* copies the following from the *New York Post* concerning the matter:

"Two analytical chemists, one of them Prof. Chandler, of Columbia College, alleged that mustard contained no starch. The evidence was in this conflicting condition when both parties rested, and the case was adjourned until the next morning for argument. In the meantime Prof. Doremus applied to the counsel of the defendant to move to so far open the case as to allow him to vindicate by actual experiment in open court the correctness of his statement as to the existence of starch in mustard.

The motion was made and granted; and at the appointed time the courtroom presented the appearance of a chemist's laboratory.

"The Professor, with his assistant, prepared mustard for experiment in open court by pounding the seed in a mortar. He placed the crushed seed in distilled water, and boiled the mixture over a spirit-lamp. He then threw some of the solution on sheets of filtering-paper, applied his chemical tests, and exhibited to the court on paper the characteristic blue iodide of starch. The experiment was varied in many ways with the same result, and at the end of the testimony many sheets of paper were thus colored. The demonstrations seemed perfect.

"On Prof. Chandler being called to the stand he made experiments which in his view demonstrated that starch did not exist in mustard, and stated that he was not satisfied with the experiments that had been made by the defendant's witness.

"'Why,' said the defendant's counsel, 'are you not satisfied with the reaction for starch exhibited by Dr. Doremus on the dozen or more sheets of filtering-paper?'

"'I am not certain, to begin with,' said Prof. Chandler, 'that the paper would not have produced the reaction without the mustard.' Whereupon the counsel handed to the witness some of the clean paper, and asked him to apply the test to it himself. He did so, and the result was a deep blue, thus showing the illusory nature of the prior tests, and the experiment was entirely worthless as proof that starch was contained in mustard."

CHANGES IN PERSPIRATION.—Dr. Neumann, of Vienna, in his recent "Handbook on Skin Diseases," makes the following interesting observations on sweat:

"As smell is a subjective sensation, it can be imagined that the accounts respecting it would be various; it is said to depend mostly on butyric, formic, and metacetic acids. Cases are mentioned of the sweat of peritonitis smelling like musk and of odors of sulphuretted hydrogen; the sweat of syphilitics is said to have a sweetish smell, and that of rheumatics a sour; of those affected with scurvy, a putrid; of scrofulous persons, like that of beer; of malarial-fever patients, like that of black bread (*Schwarzbrod*)? Schönlein is said to have made the diagnosis of measles and scarlet fever by means of his organ of smell. The statements with reference to blue, green, and black sweat, are, according to Hebra, mythical. The yellow color of icteric patients has no connection whatever with perspiration, but depends on the presence of the coloring matter of bile in the epidermis cells.

"The sweating of blood, whose occurrence is asserted by reliable authors, appears chiefly in amenorrhœic females, and may depend on the ready laceration of the walls of the capillaries of the sweat-glands from great excitement; so that in these cases it is not actual sweating of blood, but an extravasation of blood into the perspiratory glands.

"The excretion of urea by the skin in cholera, eclampsia parturientium,

and morbus Brightii, has been proved. Whether sugar appears in the sweat as a morbid product of secretion, is not yet proved. Leube has very recently (*Centralblatt für Med. Wissensch.*, 39, 1869) demonstrated the excretion of albumen in sweat.

"Experiments on the excretion of medicinal substances in the sweat are yet few in number. Quinine and salicine do not pass over at all into the sweat, and iodine only after its long-continued use; on the other hand, tartaric, succinic, benzoic, and cinnamonic acids, and arsenic, have been certainly proved to do so."

"*A Case of Cyanhydrosis (blue sweat).*—Dr. Kollman (in the *Med.-Physic. Gesellschaft zu Würzburg*) communicated a case of cyanhydrosis, which deserves mention, inasmuch as the sweat was chemically investigated by Prof. Scherer.

"A chemical analysis made by Scherer confirmed the blue color of the sweat, which depended on the protophosphate of iron.

"Dried blue particles, which were removed from the scrotum with the forceps, were submitted to microscopic examination. The tissue-elements found therein (epidermis, hairs, &c.) were uncolored, but the fibres from the clothing (cotton) were of various shades, brownish, violet, and blue; dark-blue particles were also found. The above-mentioned coloring matter was soluble neither in water nor glycerin. The cotton fibres did not lose their color in potash or ammonia, but did so with sulphuric and nitric acids. No blue coloring matter could be demonstrated in any other secretion."

"We find several cases of blue sweat on record (*Württemberg Med. Correspondenzblatt*) since the year 1835. Dr. Bleyfuss, of Röttingen, noticed on himself for a long time that the perspiration of his feet contained blue coloring matter. Dr. Michel observed the same of the sweat of his right axilla. Both were conclusively convinced that this pigment did not come from articles of clothing. Bizio found indigo in blue sweat, and Fordas found pyocyanin.

"Other cases have been published by Heyfelder, Bergmann, and Ignaz Surdon in Sigmaringen, and by Ferrand. The first mentioned reports that a hypochondriacal, poorly-nourished man, forty-eight years of age, and an hysterical woman of fifty years, both of whom labor under an affection of the liver, have blue perspiration, especially on the right side from the axilla to the foot, which certainly does not come from clothing. The cases appear to be authentic, and consequently Hebra's opinion that these colored sweats are all mythical is apparently overturned."

WHISKY PER SLOPS.—It has been found that the garbage from kitchens can be transformed into a good quality of whisky, and it is said a company is proposed to manufacture the latter article from the former. What the poor pigs are likely to do if the garbage is monopolized in this way we are at a loss to imagine, unless it be that the grain now used for whisky-making be fed to them in place of the slops. We opine a better quality of lard and bacon as a result of such an exchange.

VEGETABLE CARBOLIC ACID.—It is claimed as a botanical and chemical fact that a very pure article of carbolie acid can be obtained from a plant which grows in India, known as *Andromeda Leschenaultii*, but it is very expensive to extract it.

ANTIDOTE TO CARBOLIC ACID.—"Dr. Husemann, of Gottingen, suggests for counteracting its effect on the stomach a new preparation, which he calls *calcareæ saccharata* (saccharate of lime), prepared by dissolving 16 parts of refined sugar in 40 quarts of water, and adding 5 parts slaked lime. Digest the mixture for three days, stir occasionally, filter, and evaporate to dryness." (Medical and Surgical Reporter.)

IS ETHER TO BE A BEVERAGE?—Some cases are recently on record in Ireland, where the habitual use of ether for its intoxicating effects has been practiced, and when no suffering was to be relieved thereby. The nauseous odor it has, and the general emetic effect it produces, should certainly prevent it from coming into general use as such an article of drink.

ZODERMIC GRAFTING.—Grafting of the skin of the dog to ulcerations on the human subject has succeeded. The skin from the abdomen of the animal, where there is no hair growing, is selected for the purpose.

The paper read at the last meeting of the Society by Dr. Dudley, entitled, "Homœopathy Misapplied," was taken up for discussion. The debate was opened by Dr. Jacob Jeanes, who read the following remarks on

THE HOMŒOPATHIC TREATMENT OF RENAL CALCULI.

Again I offer to the Society a written speech, and I hope that it will not be considered improper for our members to do this, especially if care is taken to offer such speeches at times when their deliverance will not interfere with the proper business.

The most important part of our transactions at our meetings is the reading of papers, and the discussions upon them. Written speeches which should postpone the reading of the paper prepared for a meeting, or which should interfere with the discussion of such paper, would be out of place. So new business of slight importance ought not to be introduced so as to postpone the reading of the paper to such a late hour that there is no time left for discussion. I have known the reading of a paper which has been announced for a meeting to be thus delayed until after the time for adjournment had arrived, and consequently there was no time for a discussion.

This is not only treating the author of the paper badly, but it is also doing injury to the Society; for, published as such papers are by the request of the Society, they have in a degree its sanction. Therefore it is necessary that members should have an opportunity to criticize the papers which are presented to us.

We ought also to consider that the member who reads a paper expects, when he takes the trouble or labor of preparing it, that it will meet with proper attention and remark. He therefore will oftentimes give stronger expression to certain views, in order to invite discussion, than he would employ in an essay which was not to undergo such an ordeal. He may sometimes be actuated by a desire to have some doubts or difficulties which exist in his own mind either removed or explained in the course of debate.

This I am satisfied has been the case with our friend, Dr. Dudley, when he wrote the paper which he has entitled, "*Homœopathy Misapplied*;" and therefore, I think, that he will not be offended if it shall be criticized, in a friendly spirit, with great freedom.

I can hardly think that homœopathy can be misapplied. If our remedies fail to relieve, it is not because homœopathy has been misapplied, but because we have not applied it. If we have given proper and homœopathic remedies in too large and too frequent doses, and have failed, it is not to a misapplication of homœopathy, but to a mal-application of it, that we are to attribute our failure.

I will proceed at once to an examination of one of the Doctor's illustrations—the one in which he speaks of a renal calculus lodged in one of the ureters, and when he asks, "Will homœopathic medicines pulverize or dissolve a stone? Will it distend the gradually narrowing tube, already distended to its utmost, and so permit the removal of the obstruction?"

We have here portrayed a case of nephritic colic, in which the pains are so agonizing that the patient writhes like a worm. If called upon for our assistance, shall we be deterred from administering homœopathic remedies because the functional derangement which created the stone in the pelvis of the kidney no longer exists; or because homœopathic medicine may not cause the solution or pulverization of the stone in the ureter, or because it is assumed that such medicine cannot distend the ureter?

No! for inasmuch as facts and experience do show that nephritic colic can be cured by homœopathic remedies, we will employ them for this purpose; and this, too, not without a hope (founded upon reason, too) that the stone may also be dissolved or pulverized through their agency, and that the functional derangement which caused its formation may be so completely overcome that no others may be formed to succeed it.

It is highly probable that the Doctor himself has met with some such facts and experiences as have just been mentioned; but that in his anxiety to establish certain theoretic views, he has not given them the consideration which they deserve.

At the close of his paper he says, "In conclusion, let me say that I have denied no man's facts, and controverted no man's statements. I only claim that phenomena correctly stated have been wrongly explained; and I only ask that my arguments shall be met not by the

statement of facts alone, but by the logic of experience and reason combined."

This I shall endeavor to do; not, however, by attempting to refute the Doctor's arguments, for there would be no advantage to science in showing that he reasoned incorrectly; but by offering other explanations of the facts and experiences which may approach nearer to truth.

Among the facts in regard to renal calculus there are many which serve to show that the same calculus may be for years in a ureter without constantly manifesting its presence by any severe suffering. In some cases there may be considerable trouble in the urinary apparatus; whilst in others nephritic colic may occur at times, yet with months between the attacks; during which intervals there may be slight, if any, symptoms of derangement of the urinary organs.

In illustration of what I have just said, I will detail to you some cases which have happened under my own observation.

In this vial you may see a renal calculus, which was voided per urethram by a man aged about 24 years. You may see by the label upon the vial that it was passed November 8, 1854, and you may also see that his first attack of nephritic colic occurred November 6th or 7th, 1852. Thus the time which elapsed between his first attack of nephritic colic and the passage of the stone through the urethra was two years and a day. During this time he had many attacks of what may be termed nephritic colic, in which the most excruciating pain was in the left testicle and its chord, attended with prostration nearly amounting to fainting. A long time, I think sometimes months, would intervene between the attacks. In these intervals he experienced at times some molestations of the urinary apparatus, but not any very violent disorder.

In this case the location of the pain in the testis points to the ureter, and not to the bladder, as the suffering organ with which the testis was in sympathy.

As there was no calculus ever passed after any paroxysm except the last, and inasmuch as since its passage there have been no more attacks of nephritic colic during a period of more than nineteen years, I have not the slightest doubt that it was this identical calculus which caused the attacks of nephritic colic which occurred in the two years in which it was passing from the pelvis of the kidney to the bladder.

Not that it is of much therapeutic importance, yet, as it may be interesting to some of you, I have referred to my office note-book and find that I gave the following medicines in the time he was under my treatment, namely, *Panax*, *Acid. phos.*, *Merc. viv.*, *Ipomea*, *Juglans cath.*, *Acid. benzoic.* The last-named medicine was the last administered prior to the passage of the stone.

A lady about 55 years of age had several severe attacks of nephritic colic, but passing no calculus until after the last paroxysm. Since that

time she has had no attack of this colic. She showed me the stone, but did not offer it to me. It was about the size of the stone which I have already shown to you. I cannot now relate the treatment, but believe it was useful in allaying the severity of the paroxysms.

In this other vial is a renal calculus, which was passed by a gentleman of middle age, who had been suffering for a long time; if I remember rightly it was about two years, with irritability of the bladder and pains in the loins. The first time he came to consult me was January 23, 1851. This calculus was passed on the 24th of February, thirty-one days after he came under my treatment.

On reference to my office book, I find that I gave him, January 23, three powders of Ipomea, 15, numbered 1, 3, 5, and three powders of Benzoic acid, numbered 2, 4, 6, of which he was to take one every day in the order of numbers. February 4th, I gave six powders of Ipomea, 15, to be taken one a day. February 10th, six powders of Ipomea; and he passed this stone February 24th.

Some years afterwards I encountered him at the house of a friend. He looked in very good health, and assured me that he had been free from his disorder of the urinary organs ever since the passage of the calculus.

The small stone in the third vial was passed by a gentleman who had for years suffered from frequent attacks of obstinate diarrhœa. He had an attack of nephritic colic extending through thirty-six hours, as nearly as I can recollect, but where there occurred subsidence of the pain and comparative ease for several hours at a time. Subsequently he was almost entirely free from his diarrhœal attacks.

Some years after this he died of hydrothorax caused by the irritation of encysted tumors on the pleura and thickening and induration of the omentum. Doctors Toothaker and Starkey assisted me in the post-mortem examination, in which, in addition to the structural disorders just mentioned, we found the gall-bladder very large and filled with closely impacted biliary calculi, although he had never to my knowledge had any attack of bilious colic, such as occurs during the passage of such calculi through the biliary ducts.

I recollect many years ago a poor, emaciated, and miserable-looking man calling upon me for advice. His suffering from bladder irritation was considerable, and his urine was described as highly colored and of strong odor. I gave him Benzoic acid. In the course of two or three weeks he brought me a calculus which he had passed with his urine. It was an oblong crystal, wedge-shaped stone, very sharp on its thin edge. After this he rapidly recovered in health and flesh. I have unfortunately lost that calculus.

In a case of nephritic colic, which was one of the most violent I ever witnessed, the pains being so agonizing as to induce a condition nearly allied to syncope, the nearest approach to a calculus which was found in the urine was an aggregate of several red granules of the size of small pin heads, which were imbedded in a tough mucus. This attack was fol-

lowed by large hemorrhage from the bladder. I think that I saw at one time nearly half a gallon of nearly pure coagulating blood in his chamber-pot. For months after the attack he passed large quantities of coarse red sand. This sandy sediment gradually became finer and finer until it became pulverulent, and after a time completely disappeared. It is now thirteen years since his terrible attack, and he has not suffered for several years from urinary disorder. I consider his recovery as entirely attributable to the use of homœopathic remedies.

In these two vials are specimens of the sand which he passed some time after the attack, when the sediment was finer than at first. The white sediment was passed at a later period than the red.

It is a common opinion among medical men, that the cessation of a nephritic colic marks the passage of a calculus from a ureter into the bladder. No doubt this is generally true. But cases, such as some of those just stated, appear to prove, that a calculus may be a long time in passing through a ureter, and may during this time operate as one of the causes of successive attacks of nephritic colic.

I say, advisedly, one of the causes, for it is most likely that some other disturbance of the vital power concurs with the presence of the calculus in inducing an attack.

Spasm or cramp is a large feature in nephritic colic. There is spasm of the ureter, spasmodic contraction of the muscles which retract the testicle, and frequently the spasms or cramps extend themselves into the bowels and stomach with such violence that it often becomes difficult for the physician to decide whether the case before him is a nephritic or an enteric colic. The disorder is functional, and remedies which act upon the functions ought to control it. It may be said, that the cause being present, it is impossible that its effects should cease. But if the ever-present cause, the stone in the ureter, for instance, requires the conjunction of some other cause to produce a given effect, say nephritic colic, we may reasonably expect that upon the removal of either of these causes the effects will cease.

This reasoning is of little importance, since it is a fact that almost all nephritic colics pass away and the patient still lives, notwithstanding that the terrific condition of matters in the ureter, as described by Dr. Dudley, may actually exist. I admit it as a fair induction that it does exist.

That homœopathic remedies are of great utility in relieving and curing complaints arising in part from renal calculi I am most positive. In a number of cases of extreme violence, the pains have ceased before I had left the bedside of the patient; nor has this been all, for the tendency to the formation of calculi in the pelvis of the kidneys has been overcome, and persons have lived for years after attacks of nephritic colic without further trouble from urinary disorders, although the advanced age of some of them would have justified apprehension that they might be troubled with them.

Although I have employed the expression of a remedy acting upon a function, I consider it to be objectionable, inasmuch as the agents which cause disturbance of the functions must have operated primarily upon the organs which perform the functions.

I am glad to agree with the Doctor in the opinion that it is as much the function of the nerves of sensation to communicate painful as pleasant sensations. The information which they give us in either case is for our benefit, and I admit with him that the relief from the sensation of pain by rendering the nerves unable to perform their proper functions, is a very indirect method of curing a disease. This may be done by bleedings *ad deliquium animi*, or by excessive doses of narcotic medicines.

I cannot see what consolation the mongrels can draw from the Doctor's paper. The rude homœopathy of the old school in the use of spirits of turpentine and other homœopathic remedies in large doses are no more to be expected to meet the case than our attenuated doses, and his remarks amount to a condemnation of their narcotic treatment.

If the Doctor has gone too far, it is justly to be attributed to too much reverence for that false science, which gives greater value to dogmas and reasonings than to facts. Let us stick to facts, for they are stubborn things.

Dr. DUDLEY said he had asked his opponents to give "not facts alone, but facts and reason combined," for the reason that this is *not* a question of fact, but a question of interpretation. We all admit the existence of certain facts, but we differ in our explanation of them. He could not see, however, that Dr. Jeanes had affected the question at all. His cases were probably cures of functional disorders; disorders giving rise to the formation of calculi on the one hand, or resulting from their formation on the other. In none of his cases is there any reason to suppose that the medicine, by its homœopathic action, hastened the dislodgment of the calculus. He (Dr. D.) had asserted very plainly that functional disorders resulting from mechanical irritation *can* be treated homœopathically. But the mechanical difficulty itself *must* be relieved in some other way, and this is precisely what occurred in all of Dr. Jeanes's cases. Not only homœopathic writers generally, but Hahnemann himself, makes a distinction between two classes of conditions which call for the intervention of the physician. One of these must be treated homœopathically, and the other, according to these writers, must not, and *cannot* be so treated. Dr. D. quoted from a footnote to section 7 of the *Organon*, to show that the author there draws such a distinction, and shows that somewhere there exists a limit to the field of homœopathic action. He briefly reviewed his argument, and said that no intelligent allopathist now believes that the true medicinal properties of a drug are *first* exerted upon anything but the functions, and that if mechanical or chemical effects are produced by it at all, it must be either by virtue of its mechanical or chemical properties, or else indirectly by the modified action of some organ. Now a homœopathic medicine cannot act in either

of these ways, either mechanically or chemically, nor yet indirectly through a changed action of some healthy organ. Since, if we change a healthy function we are *causing* a disease, *not* curing it, and the medicine which changes it is simply curing one disease by causing another, which is certainly not homœopathic. Moreover, such an action would show that the medicine exerted its *specific* effect upon a *different* organ from that which was diseased, and, therefore, produced *symptoms different* from those of the disease, which is certainly not homœopathic. The Doctor continued his remarks at length, and concluded by calling attention to the fact, paradoxical as it may seem, that the very health of the organism is the means of destroying life when accident furnishes the occasion. Thus the healthy action of the heart *compels*, and the healthy action of the vessels *permits* the blood to pour out through the patulous openings of the uterine vessels. The healthy action of the muscular fibres of the ureter prevents a stone from finding its way out of the body, and the healthy action of the œsophagus retains a fish-bone, which has by accident become fixed across its calibre. To *cure* these cases homœopathically implies the necessity of *curing the organism of its health*.

Dr. W. M. WILLIAMSON said he had seen enough of the action of homœopathic remedies in renal colic to compel him to believe in their efficiency. He might have collected a handful of renal calculi in his time. He gives the medicines indicated, and the calculi come out, and he had faith to give medicines again. He related a case in which he had given benzoic acid and cannabis indica. The case had been for a long time under allopathic treatment without avail; but under homœopathic treatment calculi passed, and it soon got well. He thought the presence of the calculus was the disease to be cured.

Dr. S. R. DUBS agreed with the tenor of Dr. Jeanes's remarks. He thought Dr. Dudley's paper had a mischievous tendency, notwithstanding its author had had a high motive in preparing it. He thought its tendency would be to discourage young practitioners. He related a case in which he was in consultation with two eminent practitioners. He regarded it as a case of renal calculus, because the woman had a feeling as if something fell over on her side whenever she turned over. The disease was evidently in the kidneys. The urine passed with a burning pain, and she had a very high fever. He first thought of cantharis, but because of the great fever advised aconite, which was given, and on the next day the pulse had fallen from 120 to 70, and on the next day she passed nearly half a glassful of red gravel or sand. In ten days she was able to be out. The other physicians had given sulph., calc. carb., and other medicines, but not aconite. He called that misapplied homœopathy. Dr. Dubs related other cases to show the action of homœopathic remedies locally when selected upon general constitutional principles and indications.

Dr. J. C. MORGAN related a case of renal calculus, in which he had placed the patient in a hot bath. The pain passed down throughout the

course of the ureter, and then instantly disappeared. Was this a homœopathic remedy or homœopathic action? It occurred several years ago, and there has been no return since.

The Society then adjourned.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

(Continued from page 440.)

SECOND DAY—MORNING SESSION.

THE Society was called to order at 10 o'clock, by the President.

The reports and papers of the Bureau of Surgery were then called for.

Dr. THOMAS MOORE read a paper prepared by Prof. MALCOLM MACFARLAN, of Philadelphia, giving the details of a number of surgical operations performed by him; two of which were lithotomy. One calculus removed was of extraordinary size, being eight and a quarter inches in its largest circumference, and five and a half inches in its smallest, and weighing over four ounces troy. A number of operations on the eye were likewise detailed, together with other important operations. These were all markedly successful, the writer attributing this fact to the use of homœopathic medication, instead of the ordinary treatment pursued by old school surgeons, before and after the operations.

The paper of Dr. Macfarlan was accepted, and referred to the Committee of Publication.

Dr. O. B. GAUSE referred to the case related by Prof. Macfarlan, with which he (Dr. G.) had been connected. He stated that the patient, some years previously, had been thrown from a wagon and injured about the breast. She had in addition to this, considerable mental anxiety, owing to family affliction. The tumor grew steadily, but slowly, until towards the last year, when it grew quite rapidly. In ten weeks after its removal, pains of a character similar to those she had previously experienced returned, when a second operation was performed which was really more formidable than the first operation. She made a better recovery from this than from the primary operation, and to this day there has been no evidence of a return of the morbid growth, and the woman has better health than for years previously. She formerly had a very persistent tetter on her hands, for which she had used salves.

Dr. J. H. McCLELLAND, of the Bureau of Surgery, reported verbally. He was requested to prepare a written report, and forward to the Committee of Publication.

The joint committee on the subject of charter, reported that they would recommend to the Society the submission of the bill offered by Dr. Martin, with certain emendations and erasures, and with it a petition to the Legislature praying its passage, to be signed by the officers on behalf of the members of the Society now present, as a Committee of the State Society.

The report of the committee was accepted, and the Committee of Conference were discharged.

It was moved that the report of the committee be adopted, which gave rise to an animated discussion.

Dr. W. M. WILLIAMSON opposed the bill, and hoped the whole matter would be let alone. He wished it to be understood that he was in no way a party to the petition to the Legislature. He thought we were competent to take care of ourselves, and other physicians throughout the state should do the same thing. What matters it to us how many itinerants there are in the state; if the people are deluded enough to risk their lives with them rather than send for a responsible and educated physician, they will do so in spite of all the bills that can be passed.

Dr. JOHN E. JAMES referred to the good workings of the York County bill. He thought the people should be protected from these itinerants who called themselves doctors. They always represented themselves to the people as great personages, and thus the sick are deceived. He thought this thing should interest us, for these men make bad work for the regular physicians to cure, and they interfere with practitioners in both city and country. If we are in favor of homœopathy, we should be in favor of protecting our physicians throughout the state who practice it.

Dr. WILLIAMSON thought that if any county needed protection, the physicians and people of such county could ask and obtain protection for themselves. There are watering-places at different points in the state where residents of cities go in the summer season. Now if you have this bill passed that no physician shall practice out of his own county, you cut off these people from having their own physicians prescribe for them while they are away from home, and this is certainly not just to either physicians or their patients.

Dr. J. C. BURGHER looked at it in a different light altogether. The passage of this bill by the Legislature would not only be a legal recognition of our Society by the state, but it would present a broad medical platform upon which both allopathists and homœopathists could stand against one common enemy—quackery. It will break up the nefarious work of these hitherto irresponsible itinerants; will prevent imposition upon the people; and will put a check upon the great crime of abortion, which is rapidly on the increase and over which now we have no control, while the cities, towns, and counties of our state are being flooded with death-dealing agents.

Dr. H. N. MARTIN was astonished to hear Dr. Williamson take the ground he had in so important a matter, and that a man who occupied the position that Dr. W. did in the profession should oppose a measure that was for public as well as professional good.

Dr. WILLIAMSON disclaimed any selfishness in the matter; but the physicians of the state had not asked for protection, and it was time enough for us, as a Society, to act when we were asked to do so.

Dr. MARTIN said: Let us be liberal and ask for all the rights that

belong to us and that we deserve, and let us help those who do not live in cities, and who have not the same advantages for coping with these impostors that we have.

This, or a similar bill is in operation in the State of New York, and it has worked well, and there homœopathy is thoroughly recognized and is flourishing well under it. When an allopathist stigmatized a homœopathist as a quack in New York the court fined him for his slander, for the law recognized both systems as upon an equality.

We want our institutions helped and protected equally with those of the old school. We and our patrons have given many thousands of dollars into the state treasury, and when the public charities of the state are given out our institutions obtain little or nothing. Our institutions should be helped pro rata as the others are, and under this bill we could claim this right.

This bill protects not only counties, but also cities where midwives and itinerants practice their work, and where quack-advertisements are seen thickly and boldly placarded wherever we go. And some of them, too, take the name of homœopathy, and practice their quackery under that kind of a cloak, and thus we, as homœopathists, suffer directly by these deceivers.

There is nothing in this bill to which allopathists could object, and it certainly ought to pass. If it was carefully examined it would be found that it did not interfere with any respectable physician with a diploma practicing in any part of the state, or out of it.

Dr. R. KOCH asked if any of the European medical acts or bills, where the practice of medicine, surgery, and obstetrics were thoroughly protected, had been before the Committee on Charter.

Dr. W. H. COOK wished the people protected. He did not think we as physicians needed any further protection than what we have. Those of us who do not live in a large city can as physicians take care of ourselves as well as any others. The laity need the protection. He then gave several well-authenticated instances under his own observation in the town where he lived, of deaths that had been produced by the use of quack medicines.

Dr. H. N. GUERNSEY said that this measure was calculated to protect the people, and they appreciated it; and that we should go on and help their interests, as well as those of the profession.

Upon the question being called, a vote was taken, by which the report of the committee was adopted.

Dr. R. J. McCLATCHEY called the attention of the Society to the fact, that since the last meeting two active members of the Society had died, viz.: Dr. Silas S. Brooks, of Philadelphia, and Dr. Benjamin R. Bratt, of Reading, and one honorary member, viz.: Dr. Ezekiel Lovejoy, of Owego, New York; and moved that a committee be appointed to prepare resolutions on the decease of these members, and report the same as soon as practicable. This motion was adopted; whereupon the Chair appointed

Drs. O. B. Gause, W. R. Childs, C. H. Haeseler, and D. L. Dreibelbis, said committee.

Dr. SMITH ARMOR, of Columbia, tendered his resignation as a member of the Society, which was on motion accepted.

The reports and papers of the Bureau of Obstetrics and Diseases of Women and Children, being next in order, the following papers were reported by Dr. C. H. Haeseler, Chairman of the Bureau:

"Diseases of, and Provings of Remedies on Children." By Charles H. Haeseler, M.D., of Philadelphia.

"Application of the Forceps." By J. H. Marsden, M.D., York Sulphur Springs.

"On Puerperal Mania." By J. C. Burgher, M.D., Pittsburg.

"On Post Partum Diet." By O. B. Gause, M.D., Philadelphia.

"Cases from Obstetric Practice." By M. Friese, M.D., of Harrisburg.

The above papers were read in full, accepted, and referred to the Committee of Publication.

The following gentlemen were proposed for membership, and their names referred to the Board of Censors, viz: O. C. Brickley, M.D., York; S. L. Dreibelbis, M.D., Allentown; William F. Marks, M.D., Reading; William H. Bigler, M.D., Philadelphia.

Dr. B. W. JAMES announced that the twenty-first annual meeting of the New York State Homœopathic Medical Society will be held at Albany, February 13th and 14th, 1872, and invited the members to attend that meeting, as it promised to be an interesting one.

Dr. FRIESE exhibited a pathological specimen taken by post mortem from one of the cases related in his paper, being a fibroid tumor of the uterus, firmly adherent to the uterine walls.

The bills for binding the Transactions of last year, and the bill for printing and sending out circulars by the Bureau of Organization, Registration, and Statistics, which were not in the Secretary's hand when the other bills were presented, were read, and on motion they were ordered to be paid.

The committee to prepare and present resolutions on the death of deceased members made their report, giving sketches of deceased, and offering suitable resolutions of respect for the memory of the departed, and sympathizing with their families and friends. These resolutions were adopted.

A letter was read from Dr. L. H. Willard, announcing that he had a paper in course of preparation on "Injuries of the Ankle-joint," and asked the privilege of completing the same and forwarding to the Committee of Publication; which was granted.

The Censors reported Drs. William F. Marks, W. H. Bigler, O. C. Brickley, and S. L. Dreibelbis to be eligible to membership; whereupon they were duly elected.

After the reading of Dr. Marsden's paper on the "Application of the Forceps,"

Dr. H. N. GUERNSEY remarked that it was his rule, on applying the forceps, to keep the blades well to the sides of the pelvis, and after each effort at traction to release the grasp on the blades, by which rotation was allowed, and the head accommodated itself more exactly to the forceps. He allowed the points of the blades to rest upon the cranium, and glide over it. He did not use the hand in the vagina to direct the blade. When there was no pain, he examined the blade and parts with his finger, to see if the instrument was passing on right, and usually found that it was.

Dr. WILLIAMSON.—The objective point in the application of the forceps is the head of the child. Dr. Guernsey directs that traction shall be made in the direction in which the forceps are pointing when at rest. He, Dr. Williamson, thought that the position of the forceps also gave a good general idea of the part of the head grasped by the blades.

Dr. C. H. HAESLER said that in his practice it was not always necessary to have the patient brought to the edge of the bed for application of forceps, with the feet adjusted upon two chairs. He often used them with the patient lying lengthwise on the bed near its edge. He thought it best, however, to place the patient at the edge of the bed.

Dr. FRIESE said he frequently applied the forceps while the patient was lying in the bed, and had found no difficulty in so doing.

Dr. MARSDEN explained that he did not give the position he described as the only one in which forceps could be applied. But he thought it the best, as it gave the best chance and the most "elbow room," so to speak. He thought it the most convenient under most, if not all, instances where forceps are required. He thought, too, there was less liability to injure the woman in this position, especially in the case of young practitioners.

Dr. RICHARD KOCH was much gratified at hearing the remarks by the President, of the importance of grasping the forceps lightly. He thought the fault with medical students, when first using the instrument, was that they grasp them too tightly.

In reference to Dr. Gause's paper on "Post-partum Diet,"

Dr. H. N. MARTIN favored feeding women well after parturition, provided there was no circumstance contraindicating the use of substantial food. He related cases illustrative of his practice in this regard. He thought women thus fed got up stronger and more quickly when thus cared for. He thought the ordinary slop victuals prescribed were injurious rather than beneficial. He deprecated the use of beer.

Dr. RICHARD KOCH thought there were cases in which strong food was not advisable. The over-excitation of the vermicular motion of the bowels by undue feeding, and the generation of gases in the intestines, cannot fail to have some effect on the uterus; and where the uterine parts are tender, and perhaps just on the verge of inflammation, he thought there might be danger.

Dr. MARTIN said that he had excepted all such cases. He did not

advise it indiscriminately. He did not claim any originality for his method of feeding.

Dr. BURGHER indorsed Dr. Martin's remarks, and said he had followed the method for years without any bad results.

Dr. GUERNSEY always allowed a good and generous diet after the first two or three days.

The Society then adjourned to meet at two o'clock.

AFTERNOON SESSION.

The Society reassembled at two o'clock, the President in the chair.

The first business in order was the reading of the report of the Bureau of Organization, Registration, and Statistics, which was prepared and presented by Dr. Pemberton Dudley, of Philadelphia, Chairman of the Bureau. The report of the Bureau was accepted, and referred to the Committee of Publication, and the Bureau was requested to continue its work during the coming year.

Dr. J. H. McCLELLAND offered the following resolution, which was adopted:

Resolved, That each county or local society prepare and discuss during the year a paper upon some scientific subject, and present the same at the annual meeting of the State Society for further discussion and adoption; and that of the papers thus offered, the one deemed most worthy should be selected as the State Society paper for presentation to the American Institute of Homœopathy.

Dr. McCLELLAND likewise offered the following resolution:

Resolved, That this Society adopt a form of constitution and government for the organization of county and local societies, and a uniformity of operation in the preparation of papers upon scientific subjects, discussions, system of delegation, and reports.

He moved that it be referred to the Bureau of Organization, Registration, and Statistics for elaboration; which motion was adopted.

Dr. W. R. CHILDS presented a paper which he desired to have referred to the Bureau of Organization, &c., and it was so referred.

The reports and papers of the *Bureau of Miscellaneous Subjects* were then called for.

An elaborate paper on Scarlatina, by Dr. J. H. P. Frost, of Danville, embodying some new ideas and the experience of a lifetime, was read, accepted, and referred to the Committee of Publication.

Dr. R. KOCH stated that he had prepared an article on Researches into the Construction of Blood-corpuscles, which, if desired, he would forward to the Committee of Publication. He was, on motion, requested to do so.

Dr. B. W. JAMES presented a synopsis of a paper on Vaccination from kine-pox, giving his reasons for preferring vaccination from cow-pox, and regarding it as thoroughly protective against small-pox. He gave his experience in propagating cow-pox virus by vaccinating heifers, he having vaccinated fifteen animals.

Dr. M. M. WALKER read a paper on the same subject, giving his experience in the propagation of cow-pox virus by vaccinating heifers, and vaccinations performed with lymph thus obtained.

Other physicians gave their experience in vaccination, and their belief in the superior usefulness of vaccination from cow-pox virus.

Drs. JAMES and WALKER were requested to complete their papers and forward them to the Committee of Publication.

Dr. GUERNSEY had found in his own practice, and in that of others, in cases of variola, a remedy which had proved useful when the following indications were presented: the eruption seems to come out all right, and the case is going on apparently in a satisfactory manner, when the eruption recedes, the patient becomes short of breath, sleepless, restless, there is scanty secretion of urine, and either great thirst, or none at all. In these cases he gives *Apis mellifica*. Dr. G. then recited cases in illustration of the action of *Apis*. In the hemorrhagic variety of small-pox, where the attack comes on with vomiting and purging of blood, the patients are stupid, and the rash does not come out, there are a number of remedies indicated, such as *Antim. crudum*, *Arnica*, *Bell.*, *Bry.*, *Canth.*, *Cham.*, *Hyos.*, *Merc. sol.*, *Puls.*, *Rhus.*, *Sil.*, *Stram.*, *Lach.*, and *Thuja*, according to the indications.

Dr. GUERNSEY asked and obtained leave to offer the following resolution:

Resolved, That hereafter no cases be reported to the State Society, which have not been treated in strict accordance with homœopathic principles; and that no papers be received or published as part of the transactions of the Society, in which remedies are mentioned as having been used in alternation.

A motion to lay the resolution on the table was lost.

Dr. FRIESE said he supposed this was intended for his benefit, because he had alternated in the cases he had reported. He was unable to see anything non-homœopathic in the alternate use of medicines; and the best and ablest homœopathist all over the world do it.

Dr. GUERNSEY did not wish to restrict the members in their practice, but he did not wish such reports to be brought here, as nothing could be learned from them, and such treatment was non-homœopathic and unscientific. His object in coming here was to help make progress in homœopathy.

Dr. WILLIAMSON said he had moved that the resolution be laid on the table, because he thought such an intolerant resolution should not be discussed in any liberal society. The passage of such a resolution would break up the Society. He did not think that any set of men had a right to dictate to others what they should do, particularly when they were greatly in the minority.

Dr. J. H. McCLELLAND said, that while he might agree with Dr. Guernsey that the single remedy was the best practice, and that more could be learned from cases treated by the single remedy than when

medicines were given in alternation, yet while disease was so complex and difficult to be understood, and the knowledge of the curative powers of drugs so very limited, he was opposed to any such resolution being adopted.

Dr. W. R. CHILDS said that he always gave one remedy at a time when he could do so, and more than one when he could not satisfy himself with one. You may lead a horse to water, but you can't make him drink. Now let those who use the single remedy always, prove to those who alternate, that the single remedy plan is the most effective, and prove it by something more reliable than individual assertion, and the alternaters may then be led to abandon their wicked ways. But this resolution may drive them out of the Society, but it will not convince them, by its passage, of anything but the bigotry of some of their fellow members.

Dr. J. C. BURGHER said, that in his own practice, he adhered as strictly as possible to the use of the single remedy, and he believed that the alternation of remedies was a bad practice; but he was not willing to have any such exclusive resolution adopted by the Society, as he was satisfied it would do more harm than good.

Dr. DUDLEY thought the resolution struck at the very root of the Society, as it was an attempt to fetter thought, opinion, and action. It has often been asserted that the use of the single remedy is the best practice, and no doubt it is whenever a cure can be accomplished by it; but the doctrine that alternation of remedies is non-homœopathic and unscientific is mere assertion by those who think so, and the practice has never been logically or scientifically proven to be either. On the contrary, the greatest men of the homœopathic school, including Hahnemann, Hering, and Grauvogl, has admitted its necessity, or indorsed it as scientific practice.

The resolution was still further discussed, the general opinion arrived at being, that while the alternation of remedies might not be the best practice, it was not non-homœopathic, and that views that might not be consonant with those of some members should not, therefore, be excluded, or their discussion prevented.

The resolution was then voted on and declared lost.

Dr. W. R. CHILDS, Necrologist of the Society, then presented and read his report, in which he referred to deceased members. He asked permission to complete his report and forward it to the Committee of Publication, which was granted.

Dr. DUDLEY offered the following resolution, which was adopted:

Resolved, That the Homœopathic Medical Society of Pennsylvania will heartily co-operate with the American Institute of Homœopathy in securing for our cause the best possible results from the proposed convention of homœopathic physicians from all parts of the world, to be held in Philadelphia, upon the occasion of the centennial celebration in 1876, and we will labor to extend to our honored brethren from abroad a hearty and cordial welcome.

Dr. McCLATCHEY offered the following :

Resolved, That the thanks of this Society are hereby heartily given to the newspaper press of Harrisburg for reporting our proceedings, and particularly to the *State Journal* and *Patriot* for the very full reports published in those papers.

Dr. DUDLEY offered the following preamble and resolutions, which were adopted with but one dissenting voice :

WHEREAS, Special efforts are now being made, by the enactment of local option laws, to restrain the sale of intoxicating liquors, and whereas the medical profession has been greatly censured for seeming to demand their sale for medicinal purposes ; therefore,

Resolved, That this Society, representing the views of the vast majority of homœopathic physicians of our State, desires to call the attention of the public, and particularly of our law-makers and judges, to the following statement of our opinions in reference to the subject.

1. That there are but three purposes for which alcoholic liquors are indispensable in the dispensing of medicines for the sick : first, to hold in solution the active principles of drugs which will not dissolve in other liquids ; second, to preserve medicinal substances from decomposition ; and third, to produce a diffusive stimulation.

2. That the stimulating effect of alcohol is not improved by combining it with other remedial substances, but it may be administered separately without impairing its efficiency.

3. That the sale of tonics and bitters (so called), or of any other medicine which contains more than sufficient alcohol to hold its active principles in solution, and preserve them from chemical change, is a violation of the spirit of prohibition, and is moreover a fraud upon the consumer, unless they be sold under their proper names of "medicated" or "drugged liquors."

4. That pure alcohol, in various grades of dilution, affords all the diffusive stimulation that may be obtained from whiskies, brandies, malt liquors, &c., and is moreover less liable to undetected adulteration ; while the utmost advantages claimed for the use of these various liquors, over and above that of pure alcohol, when compared with the injurious effects of their unrestrained use as "medicine," and the results of defective and inefficient prohibitory legislation, are trifling and contemptible in the contrast, and unworthy of any serious consideration.

Resolved, That we do *not* ask that the sale of whisky, brandy, malt liquors, &c., be allowed even "for medicinal purposes," and we recommend our fellow-citizens to insist upon the enactment of laws which shall prohibit the sale of any alcoholic liquors whatever for such purpose, except pure alcohol only.

Resolved, That we earnestly protest against being hereafter held to any greater degree of responsibility than our fellow-citizens generally for the indiscriminate use of intoxicating liquors as "medicines," and for opening, through our drug stores, a door of escape for evil-doers.

Dr. W. R. CHILDS offered the following resolution :

Resolved, That the editor of the *Hahnemannian Monthly*, which is the organ of the State Society, have the privilege usually accorded him of publishing such parts as he may wish of the proceedings of this meeting, and the papers read thereat, in his journal, in advance of the regular volume of Transactions.

It was moved to amend that the *American Journal of Homœopathic Materia Medica* be added, and the motion as amended was adopted.

Dr. B. W. JAMES offered the following resolution :

Resolved, That the thanks of this Society are most heartily tendered the Legislature of the State for their kindness in placing at the disposal of the Society the rooms in which our meetings have been held, and to the House of Representatives especially for the use of the hall of the House for the delivery of the Annual Address, and to the officers of the Legislature.

The Society then proceeded to the election of officers.

Dr. WILLIAM H. COOK and the Secretaries were appointed to act as tellers.

The following officers were thereupon duly elected by ballot for the ensuing year :

President—Dr. Bushrod W. James, of Philadelphia.

First Vice-President—Dr. Mahlon Preston, of Norristown.

Second Vice-President—Dr. J. C. Burgher, of Pittsburg.

Treasurer—Dr. Owen B. Gause, of Philadelphia.

Recording Secretary—Dr. Mahlon M. Walker, of Germantown.

Corresponding Secretary—Dr. Pemberton Dudley, of Philadelphia.

Censors—Dr. M. Friese, Harrisburg; Dr. H. N. Martin, Philadelphia; Dr. W. D. Hall, Carlisle.

Necrologist—Dr. William R. Childs, Pittsburg.

Orator—Dr. Thomas Moore, Germantown.

Alternate Orator—Dr. L. H. Willard, Alleghany City.

After the election of *President* had been effected, the President of the Society, Dr. Marsden, called the First Vice-President, Dr. S. F. Charlton, to the chair, as he wished to leave in order to make a train for home.

Dr. J. H. McCLELLAND thereupon moved, and it was carried unanimously, that the thanks of the Society are due, and are by vote tendered the retiring President, for the able and courteous manner in which he had presided over the meeting.

After the election of officers, the Vice-President, Dr. Charlton, by direction of the Society, conducted the President elect to the chair, who thereupon made a few remarks appropriate to the occasion, and thanked the Society for the honor it had conferred upon him.

It was moved and carried, that the sincere thanks of the Society are heartily voted the retiring Secretaries, who had declined a re-election, for their untiring exertions in behalf of the Society during the past seven years.

The minutes of the meeting were approved.

The Society then adjourned, to meet in Harrisburg, February 5th and 6th, 1873.

BUSHROD W. JAMES,
Recording Secretary.
ROBERT J. MCCLATCHEY,
Corresponding Secretary.

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ISOPATHY AND HOMŒOPATHY.

BY SAMUEL SWAN, M.D.

THE rapidity of a cure of small-pox a few years since, which followed the administration of Variolinum, high, led to the consideration of the question whether Isopathy was not in reality Homœopathy, the remedy becoming by potentization, a *simile* to the drug, a *like*, and yet not *the same*.

In proving a drug with various potencies, we find that the higher the potency the larger the field of action, and the wider the range of symptoms. Thus in the proving of *Lac Vaccinum Defloratum* (Skim-milk), with the 15th centesimal potency no urinary or uterine symptoms appeared, while with the 200th we get "constant desire to urinate, scanty and pale discharge." Yet with the 40^m potency a case was cured in which was "frequent and profuse urination (nearly a quart every half hour), colorless as water, taste slightly salt, slight acid reaction—specific gravity 1010, and Trommer's test showed large quantity of sugar." Donkin, in his valuable work on the "Skim-milk Treatment of Diabetes, and Bright's Disease" (London, 1871, pp. 317), refers to the opinion that the polyurea, in excess of the fluid which has been drunk, is accounted for by the loss of water from the

body, and that the latter loses weight. Mitchell, in his interesting article on "Skim-milk as an Article of Diet" (Medical Times, 1870), refers also to this loss of flesh. The same phenomena appeared in the proving with the 200th potency, especially noticeable in the mammæ. Neither in "Donkin" or "Mitchell" have I found any mention of the effect of Skim-milk on the sexual organism of women, but the 200th potency suddenly stopped the menses two days too soon, and the 1^m and 10^m have been very successful in curing suppressed menstruation when the other symptoms corresponded. I refer to this drug as an illustration of the fact, that the higher potencies show such a wide difference, in many of the symptoms, from the lower, as almost to appear as if it was not the same drug. Hahnemann, in a note in the Organon (Radde, 1860, pp. 122), referring to Isopathy as a means of cure, says: "But even granting this could be done, which would certainly be a most valuable discovery, yet, after all, seeing that the miasm is given to the patient highly dynamized, and thereby, consequently, to a certain degree in an altered condition, the cure is effected only by opposing a *simillimum* to a *simillimum*."

Numerous cases of small-pox have been rapidly cured with the 1^m potency of Variolinum, *leaving no marks on the face*, while those who have recorded failures used only the low potencies. In this connection I would suggest a more general use of this remedy in small-pox. A physician whose attention I called to the subject, and who never had used high potencies, after trying it in several cases, writes me: "Of one thing I am determined, I am so well satisfied with the result of my trial, that were I called to a case of variola confluentes ever so bad, I should prescribe Variolinum 1^m, in water, and confidently expect good results."

The following case reported to me as occurring in the practice of a physician in a neighboring city, is a fair specimen of its action: "Gave to a man, twenty-five years

old, with small-pox, on the third day of the eruption, when the pustules had filled and were very close on the face, in some places running together so that the confluent variety could be looked for, with intense itching. Variolinum 1^m Fincke, in water, every two hours. The second day the itching pretty much all gone, and the pustules began to shrink; the third day they began to dry; the fifth day the crusts fell off the face; the seventh day the other crusts came away, and the tongue cleaned off." Given earlier in the case, the cure is very rapid. I should advise, from my own experience, the repetition of the dose every hour till the efflorescence begins to pale, and then every two, three, or four hours as the case improved.

Perhaps it may not be out of place here to throw out the suggestion, that variola is a chronic miasm, in addition to psora, sycosis, and syphilis; and the careful observation of those diseases usually ascribed to the three last-mentioned miasms, that are only suspended in their action by variola, and reappear after it is cured, will go far to substantiate or disprove the suggestion. I will only add, that when I have found a *tongue coated as with a piece of white velvet*, in addition to the ordinary head and backache, pains in the limbs, pain in the pit of the stomach, hot skin, &c., of a severe cold, I give Variolinum 1^m, one dose, dry on the tongue, very seldom having to repeat, to effect an entire cure within twenty-four hours.

With an apology for the above digressions I return to Isopathy, and refer to the following cases as illustrating the assertion, that "dynamization alters the condition," and that the high potency is really a simillimum. I also venture the assertion, that the high potencies *cure* the symptoms that appear in the provings, with tinctures and low potencies, while the low potencies *do not cure* the symptoms that are developed by the high. The explanation of this may possibly be found in the doctrine of discrete degrees, in which the higher have their root in the lower, but differ from the lower as they ascend in the scale.

“First the blade, then the ear, after that the full corn in the ear.” First the animal, then the intellectual, after that the affectional. First the natural, then the spiritual, after that the celestial.

1st. *A Case of Quininism.*—W. C., an engineer in the employ of the Panama Steamship Company, got the Chagres fever at Aspinwall, in 1852, and under the heroic practice of that place and period, and because he was of a powerful frame and strong constitution, he received four grains of quinine, four times a day till relieved; relief came in three days, but the fever returning ten days after, he again resorted to quinine, and so continued the fever and quinine till 1856, when he had a very severe attack, and was told by an old Mexican physician that quinine, to have a good effect, must be taken in appreciable doses, and gave him eighteen grains and ordered him to bed, in which he remained asleep for twenty-four hours. He had no return of the fever for a year.

It then recommenced, and for nearly eleven years it was a continual battle between the fever and the quinine, of which he averaged six grains a day, keeping a bottle of it convenient, and pouring into his hand and taking what he guessed to be two grains, three times a day. In 1868, on returning to New York in the fall, he had a very severe attack, and remembering the advice of the Mexican physician, and proposing to improve upon it, took twenty-five grains of quinine, which, instead of putting him to sleep, made him delirious, and taking a wagon he went out on the road, drinking at every bar, and insulting, quarrelling, and fighting with every one he met, and knew nothing from the time he took the drug, till he found himself in bed one week after. He was advised by the attending physician to take no more quinine, as it would kill him, but he did take it, when he subsequently had a very severe attack of the fever. He describes the chills as a “fight for life.” With a piece of rubber between his teeth, and something to close his fist upon, he would

sit with hands raised in a position of defence as if expecting an attack, while the fierce throes of the chill would cause him to shake so that the very floor trembled under him. Quinine now lost its effect, causing only deathly sickness, and he took no more, but in despair of cure, waited to see which would wear out first, the fever or himself. During hot weather he was free from the attacks, which returned as soon as cold weather set in. He had a great dread of an attack, and would cry like a child when it was coming on, not so much from present suffering, but the dread of a return of those terrible battles of former years unmanned him. For four months previous to Jan. 17th, 1872, he had the chills every other day, and had taken no medicine, and while the attacks were weaker his powers of resistance were also weaker. On Jan. 17th he described his case, as follows: chills every other day, anticipating type; at this time it came on at night.

Before the chill: Pains in the joints; great thirst for ice-water, often and in large quantities; intense frontal headache; slight delirium; vomiting.

With the chill: Pains in joints, thirst, vomiting, and headache.

The chill formerly commenced in the back, but now commenced in the soles of the feet.

(NOTE.—After the war, during a severe attack, he was cupped in the neck, and a large quantity of blood taken, to relieve the congestion. A short time after he went to Bremen, and consulted several physicians, who told him never to be cupped in the neck, but in the soles of the feet; subsequently he was so cupped, and since that time his chills have always commenced in his feet.)

Slight fever, with thirst, headache, and vomiting, the pains in the joints ceasing as the fever comes on.

Sweat comes before the fever has passed off, not very profuse.

Great exhaustion after the paroxysm.

Apyrexia complete.

Urinate frequently; the urine passes slowly, with difficulty, natural in color, and deposits a white sediment.

A careful consideration of the symptoms, in connection with the previous history, led me to the conclusion that it was a case of Quininism, and I gave him Chin. sulph., 1^m, three doses.

Jan. 22d. No chill since taking the remedy, but had a severe frontal headache, with nausea and vertigo. Defloratum, 1^m; one dose relieved him.

Jan. 23d. Was taken early in the morning with an excruciating headache through both temples, worse on the left side, coming in spasms, causing him to press his head firmly with his hands, and scream with pain; frequent urination, not very profuse, natural color, no sediment; the pains in the head extended across the eyebrows, and into the eyes, accompanied with a roaring in his ears like a waterfall; thirsty, but afraid to drink cold water, for fear it would cause a chill, of which he has a great horror; tongue slightly coated white; vertigo on raising the head from the pillow; no nausea since taking the powder yesterday. Gave Chin. sulph., 10^m, Fincke, one dose.

Jan. 24th. Relieved from all symptoms except soreness in the head; no medicine.

Jan. 25th. Free from all symptoms except weakness. Left Chin. sulph., 10^m, to be taken in case of a return of the chill, or headache, of both of which he has a great dread.

Jan. 27th. Swelling of the left kidney and spleen, extending to the pit of the stomach, with pain running down the ureter to the bladder; urine red, turbid, with reddish sediment, and painful burning at the neck of the bladder while passing it; entire loss of appetite. Chin. sulph., 10^m.

Jan. 29th. Relieved of the symptoms of the 27th, but had now constipation, with frequent, scanty, high-colored, perfectly clear urine. Nux v., 10^m.

Feb. 2d. Felt quite free from all symptoms, except that

he was extremely cold, but no shivering; could not get warm by extra clothing, or by sitting near a hot stove; was very pale, with vertigo. *Defloratum*, 1^m, relieved him in an hour.

Feb. 5th. Had another attack of coldness similar to the last. Was relieved by *Defloratum*, 40^m.

Feb. 12th. Incontinence of urine, passing it unnoticed during the day; the urine is clear and light-colored; cannot sleep at night for nervousness. *Hys.*, 12ⁿ, relieved him.

April 3d. Entirely free from all symptoms; feels perfectly well, appetite good, and the change of the weather has no effect upon him; cannot now foretell a storm; has had no chill since the first dose of *Chin. sulph.*, Jan. 17th; has not felt so well for twenty years.

Quinine cachexia has been often cured by homœopathy, but I do not remember to have read of a case that was cured with any potency of the same drug.

The next case is one of poisoning by an *inert non-medicinal article of nutriment*.

Mr. A. states that the following symptoms appeared about twenty-five years since, and after passing through the hands of sixteen physicians, during a period of fourteen years, he accidentally discovered that they were caused by *sugar*. Until a few weeks since, when he came under my care, he has used no sugar in food or drink; occasionally, by way of experiment, he has taken it, and always produced the same train of symptoms.

From two to four days after eating it there appears,

1st. A burning at the pit of the stomach.

2d. A white coat on the tongue, so thick as to cause stiffness in it.

3d. Sharp burning pains would run up from the kidneys to the shoulders, passing under the scapulæ.

4th. Pains in the bones from head to foot, causing a rigidity of the muscles, so that it was impossible to rise from the bed till he had been rubbed.

5th. *Chill* commencing in the small of the back, and spreading thence up and down; severe headache, and occasional vomiting. *Fever*, followed with headache, morbid hunger, and a hectic flush on the cheeks. *No sweats*, except when weakened by repeated attacks. Before and during the paroxysm, the burning in stomach and back was simply intolerable. No thirst.

6th. Increased urination; strong urinous odor, and white sediment.

7th. Great pains in the kidneys.

8th. Constipation.

9th. Sleeplessness.

10th. Edematous swelling of feet and ankles.

11th. Weakness of the legs as if paralyzed, causing him to stagger.

12th. During the burning in the stomach, he had jaetiation of the muscles of the feet and legs, to the knees, which was very painful.

13th. Oppressed respiration, as if from want of breath; slight cough, but profuse, offensive expectoration. In warm air it was generally white, and in falling, spread out like cream when spilled. In the cold air it was yellow and had more consistence, but at all times the expectoration was *cold*.

Called on me January 4th, "for irritation of the larynx," causing a slight hacking cough, with yellow, saltish expectoration, which floats in water; also pain in both hypochondria, in the region of the liver and spleen; twitching of the muscles of the right cheek over the malar bone.

As the present symptoms seemed the result of the same morbid condition that was excited by sugar, he got Sacch. off., 10^m, Fincke, which relieved him so much that he did not come again till the 20th, when he had a return of the symptoms, and received Sacch. off., 5^m, Fincke. On the 27th, there remained the yellow salty expectoration during the day, and the twitching of the muscles of the

face, which annoyed him, and for which he got Mezereum, 10^m.

March 1st. Was entirely relieved, except a slight burning at the pit of the stomach, owing probably to his having indulged too freely in *sugar, which he had eaten with impunity for nearly a month*, and now used it as other people did. Sacch. off., 41^m, was given, and April 3d he declares himself well.

The interest in this case centres in the fact of the poisoning by a common article of food, and the cure by means of a high potency of the same article. Those curious to examine, will see many points of resemblance between this and the valuable proving of Sacch. off., reported by Ad. Lippe, M.D., in the *Hahnemannian Monthly*, of October, 1867, while that proving is enriched by the additional symptoms developed in this singular experience.

In conclusion, I would say, that my object in this article will be accomplished, if it induces careful experiments in Isopathy for the purpose of confirming or refuting the theory advanced, and the immediate attention to the treatment of small-pox with Variolinum *high*.

THE MEDICAL TREATMENT OF THE INSANE.

BY SAMUEL WORCESTER, M.D.

(Read before the Homoeopathic Medical Society of the State of New York, at their Annual Meeting in Albany, February 13th, 1872.)

MORE than five years ago, I entered upon the duties of Assistant Physician at the Butler Hospital for the Insane, at Providence, R. I., and remained there two years and a half. This institution, for twenty years under the management of Dr. Isaac Ray, had acquired a reputation second to none in the land, and this reputation has been ably maintained by his successor. Here were to be found all the various appliances and remedial agents that had received the sanction of the best minds of the profession

at home and abroad. The eye was pleased with beautiful grounds, walks, and drives; the buildings were commodious, and finished with a view to comfort as well as security; an elegant building, with bowling-alleys, museum, and billiard-room, and a large library, accessible at all times, furnished recreation and amusement; twice a week the inmates assembled in the chapel, and were entertained with readings, music, and lectures, illustrated with the stereopticon. In short, nothing seemed wanting to amuse and entertain the sane or insane. From the first, however, I was deeply impressed with the fact, that but little attention was paid to the strictly medical treatment, and upon investigation I found that, in a greater or less degree, the same state of things existed in most hospitals. I then made up my mind, that if any effort of mine, either with voice or pen, could bring about a change for the better, that effort should not be wanting. I wrote a brief article for the *Hahnemannian Monthly*, advocating the establishment of homœopathic hospitals for the insane. The article was incorporated with a circular, sent out in behalf of the proposed retreat at Margarettsville, but for some reason the enterprise failed.

Allow me to present for your consideration a few extracts from reports, giving an idea of the treatment as now followed at most asylums. I presume there is no doubt but that, in hospitals for the insane, little attention is paid to mental symptoms as guides for medical treatment; but the reports are filled with statistics as to insanity, and the comparative frequency of its various forms. Dr. Pliny Earle, Superintendent of the Lunatic Hospital at Northampton, Mass., after saying there is no specific for insanity, adds: "The great mass of medicine administered here belongs, however, to a few classes of the *Materia Medica*. Tonics, stimulants, soporifics, and some alteratives and cathartics, are the agents chiefly used." And in a later report he says: "Insanity, at the present time—whatsoever it might have been in the past

—is a disease which has its origin in debility or exhaustion of brain power and nervous energy. Hence, stimulants and tonics are necessary to a large extent in its treatment. It is often accompanied by loss of sleep and excitement, and, consequently, calmants, antispasmodics, and soporifics, are of marked utility. In its acute forms, the liver is very frequently, even, perhaps, in a large majority of cases, implicated, requiring the use of cholagogues. Not unfrequently there is a depraved and perverted condition of the system generally, which can only be removed by the administration of alteratives. This brief epitome comprehends nearly the whole therapeutics of insanity.”

Dr. S. Crichton Browne, Superintendent of the West Riding Asylum, in England, gives the following as his treatment of hysterical mania: “At first, a mixture of bromide of potassium and tincture of valerian, forty grains of the former, and one drachm of the latter, in each dose; to be taken three or four times a day. If no benefit results, he resorts to giving the muriate of morphia, one-fourth to one-half of a grain, with from ten to thirty grains of asafœtida, twice or thrice per day; or, as a last resort, he gives cannabis Indica with bromide of potassium.”

The bromide of potassium is used extensively in asylums in cases of nervous wakefulness and in epilepsy, although, the past year, hydrate of chloral has partially taken its place; but Dr. T. O. Wood, Medical Superintendent of Dunston Lodge Asylum, says of it in the “*British Medical Journal* :” “When given continuously, and in large doses, it produces a great variety of results, depending generally upon the constitution and bodily condition of the patient at the time of its administration. Its most dangerous effect is seen, when, after a course of comparatively small doses, which do not seem to be taking any great hold upon the system generally, or upon the mental symptoms to control which it is given, it sud-

denly, and without apparent cause or warning, displays its cumulative effect, and rapidly reduces the patient to a condition of great bodily prostration, and completely alters the character of the mental symptoms. This physical prostration is at once evident. There is great muscular debility, dimness of sight, with dilated pupils; irregular gait, the patient reeling as though intoxicated; whilst nausea, vomiting or purgation, with abdominal pain of a dull aching character, may also be present; the breath having a disagreeable odor, which seems peculiar to those who have been any length of time under the action of the bromide. Its effect upon the mental symptoms is no less marked. The patient who has been violently excited, glorying in his imaginary power of body and mind, becomes desponding, sullen, melancholic, and frequently lachrymose, often even despairing. One patient who was discharged from the asylum 'recovered,' has since stated that he knew and felt for some time afterwards the effect of the medicine upon his mind. It produced a feeling of despondency, which at times quite overcame him."

Dr. Henry Maudsley, author of "The Physiology and Pathology of the Mind," makes use of the following language, as quoted in the "*Medical Press*:" "Disputing the use of sedatives, he doubts if it is always a wise thing to stifle excitement, and whether a chemical restraint put upon the brain-cells was not as injurious to the patient as a mechanical restraint imposed upon his limbs. He thought that sedatives were given far too recklessly; that, although they might relieve symptoms, they often only served to push the patient further down the hill, and as often as not retarded recovery. He thought the whole range of sedatives, including bromide of potassium and the hydrate of chloral, were all equally capable of being abused; and that by giving them we often materially damage the patient's general health, and instead of curing, we often merely make a solitude, and called it peace."

Here we have the avowal of men prominent in the specialty, that the ordinary treatment of insane patients is calculated quite as much to injure as to benefit; but they nevertheless offer us nothing better in its place, but keep on in the same old ruts, varying the medical hobby from morphia to the bromide, and from bromide to the hydrate of chloral; all of them useless, or even more or less hurtful, as now used.

It may be said, why is it, if the medical treatment is so injurious, that so many are reported as recovered? The answer is very simple: in the first place only a portion (about one-tenth) of the insane receive any treatment whatever except the so-called moral treatment; and in the second place let us look a little closer at the reported recoveries. Dr. Blandford, in his work on Insanity, presents a table prepared by Dr. Thurnam of the Friends' Retreat at York, England. This table shows "the history of two hundred and forty-four persons who died at, or after discharge from, the York Retreat, from 1796 to 1840, with the number who died during, and after recovery from, the first or subsequent attack of mental disease."

Cases followed through life.	Died Insane, during the first attack.	Recovered from the First Attack.				
		Total.	Recovery permanent. Died Sane.	Had subsequent attacks.		
				Died Sane	Died Insane.	Total.
Males, 113	55	58	21	6	31	37
Females, 131	58	73	24	14	35	49
Total, 244	113	131	45	20	66	86

"Now, although," as Dr. Thurnam says, "certain deductions must be made from the picture which this table presents, it must still be allowed to be a melancholy one. 244 persons of the middle ranks of life, not poor and destitute, but well-to-do people, as the Friends generally are, become insane, and of these only 131, or 53.6 per cent.,

recover from the first attack ; the rest never recover, and die insane ; but looking at the after-history of the 131, we find that only 45, or 18.4 per cent. of the whole, remain permanently sane. The rest are again insane, once or oftener, and of these only 20 die sane" (Blandford on Insanity, p. 350); or to quote Dr. Thurnam himself: "In round numbers, then, of ten persons attacked by insanity, five recover, and five die, sooner or later, during the attack. Of the five who recover, not more than two remain well during the rest of their lives; the other three sustain subsequent attacks, during which at least two of them die. But although the picture is an unfavorable one, it is very far from justifying the popular prejudice, that insanity is virtually an incurable disease; and the view which it presents is much modified by the long intervals which often occur between the attacks, during which intervals of mental health (in many cases of from ten to twenty years' duration) the individual has lived in all the enjoyments of social life."

In the face of the above facts, what becomes of their boasted recoveries? can they be ascribed in any degree to their treatment? It seems to me that they cannot, but that a merely expectant treatment would result in giving a larger number of recoveries than are now seen. When we consider the testimony as here given—given too by men who are acknowledged by all to stand high in the specialty—are we not neglecting our duty as guardians of the public welfare, if we delay any longer in providing places for the proper care and treatment of those among our patrons who may become insane? Homœopathy has grown from infancy to manhood, and is now a power in the land; it has accomplished much in the past, and the future is bright with promise; but it seems certain to me that its greatest power will be shown, and its greatest victories won, in the vast and comparatively untried field of mental therapeutics.

We now have a hospital under our control, and it is

the bounden duty of all homœopathic physicians, as well as those of the "Empire State," to rally to its support; aid the institution by every means in our power; and it will not be long ere results can be shown that will cause us to be more proud than ever of the name of Homœopathy.

AGGRAVATED DYSMENORRHIŒA WITH CHOREIFORM SYMPTOMS.

(PROVING OF THE HYDRATE OF CHLORAL.)

TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY.

DEAR SIR: I have thought that it might be useful to make public, through the medium of your valuable and much esteemed journal, the following notes upon a case of dysmenorrhœa, that from its severity and other features may interest professional and other readers, and also upon an involuntary proving of the Hydrate of Chloral in connection with the same patient.

The sufferer is a single woman of 32, long thought consumptive, but for the last ten years her malady has been very painful; menstruation defying allopathic remedies. *Morphine* taken, moderated the pains though producing restlessness for days afterwards, necessitating her abandonment of it. She at last sent for myself for homœopathic treatment. Her physiognomy and constitution I may thus describe: a *blonde*, blue eyes, of course, *taille dancée*; mild and cheerful temperament; frame weak and emaciated, showing these symptoms: for nearly a week previous to catamenia had strong bearing-down pains in pelvis; severe aching in the back, extending round to the hypogastric region, and wearying fidgetiness of the lower extremities; the pains being felt more from the knees down to the feet and compelling the patient to move about; relief followed horseback exercise, which was much enjoyed and produced no fatigue despite her weakness. As the catamenia approached the pains increased, reaching their climax at

the period of greatest flow. They were then violent enough to produce convulsive movements, chorea-like restlessness, trembling and twitching of the muscles of the body, which worked painfully from side to side. She would draw herself together, legs close to the abdomen and head bent forwards, the hands meantime clutching at the bedclothes; immediately afterwards would seize something else; the motion of the inferior extremities being almost incessant; hands and feet cold and moist; pains and spasms kept pace with the menstrual flow, diminishing or increasing with it. Courses usually appear regularly, except for the last four months, when they were somewhat delayed, owing to a slight sanguineous intermenstrual discharge, lasting two days and generally appearing at the fifteenth day, which was painless. The flow nearly what it should be in quantity, light-colored and with small dark clots when the patient was recumbent; more profuse and darker when rising to the chamber. On the first day usually a slight frontal headache, increasing the second day to a violent throbbing pain, aggravated by light or motion; during headache exacerbation, a remission of the pelvic pains, the latter reappearing soon, however, with their original force, but not remaining so long. On the third day a brief relief, followed by a return of the old pains, lasting a shorter time, however; meantime urinary tenesmus, nausea and bad taste in the mouth; occasionally a *globus hystericus*, and a dry hacking cough, often troublesome. With convalescence great weakness, and shooting, grasping pains at the heart, with an occasional interruption in its rhythm, and with increased action. Preceding and following the menses, leucorrhœa of a yellowish color. In the morning a hawking up of brown mucus, often tinged with blood; frequent shooting pains in the heart, as if it were grasped and tightened by the hand; breathing short and painful. Occasionally, at long intervals, a sudden waking from dreamless sleep, under a feeling of suffocation; violent

palpitation and acute pains through the heart compelling an upright posture. Pulse regular, quick, and irritable; right ventricle of the heart slightly dilated, to judge from increased dulness of the region of the heart and impulse more to the right than is natural. No murmur can, however, be detected. Good lung expansion; vesicular murmur natural, &c. A frequent infra-clavicular pain on the right side of the chest penetrating to the back, so as to catch breath. The internal reproductive organs in an apparently normal condition and position.

Since childhood she had had what some authors call *Pica*—an abnormal craving for particular things, such as sand, mortar, cuttlefish, ashes, &c., which she usually passed in an undigested state; a relish for cigarettes, and an antipathy to food not highly spiced. She felt better during warm weather when occupation out of doors was obtainable, and of course worse during cold.

Several of my prescriptions failed of effect. *Gels.* and *Plat.*, however, gave her temporary relief, and moderated the spasms. *Cactus grand.* reduced the heart's action and pains to some extent. *Cimicif.* had not the least effect. Doubtful as to what to do next, I consulted the friend who, on many a similar occasion, had stood me in good stead, Dr. J. A. Terry, of New York. The Doctor kindly suggested Tarantula 30th, which resulted in the next period happening without the intermediate sanguineous discharge. The pains were more violent and the flow more profuse, darker, and with more numerous clots. The next change manifested was freedom from pain at short intervals, even whilst the discharge was continuing—something unusual. No headache the first day—another change. She complained of the return of a pain not for a long time felt, resembling a turning or twisting in the pelvis, *exceedingly afflicting*; trembling of the whole body, with perspiration. The pains never so severe before. An accident had happened shortly before the appearance of the menses, an escape of gas from one of the

pipes in the house, creating pain in the heart and violently exciting it. This may have somewhat interfered with the operation of the medicine. Dr. Terry has again prescribed Tarantula, but of a higher potency—the 200th, with an advice to use *Hyoscyamus* should it fail. I should feel obliged for any further therapeutical light on this distressing case.

During her previous illness I yielded to her entreaties by prescribing a palliative, administering one scruple of the hydrate of chloral, which produced a tingling warmth all over the body a few moments afterwards; soon the pains descended to the feet and disappeared. Nearly an hour's freedom from pain followed, simultaneously with hysterical feeling attended with immoderate laughing. Shortly afterwards "heavenly sleep," in her own words, set in, lasting five hours. No pain returned for three hours more; there was a loss of motor power, which hindered her from moving even a finger; and mental confusion. Throbbing headache of congestive type ensued with intolerance of light, for which she received *Bell.* Headache increased spite of the medicine until four o'clock P.M., just nineteen hours after the dose of chloral, when with the violent pains drowsiness supervened, preceding sleep for a few minutes, and then a wake up with a start, head so much worse that the patient would beg to be kept awake. Objects and persons appeared distant and small, and the flowers on the wall-paper very red, luminous, and glaring. When addressed she would barely answer, and with difficulty, relapsing immediately afterwards into unconsciousness, to wake up quickly with a start, and a request that she should not be allowed to sleep. I prescribed *Lach.*, which quieted her within a short time, leading to fitful, successive naps. Till thirty-one hours afterwards she felt under the influence of the hypnotic, elated and inclined to laugh, although at the time very weak—the laughing tendency unusual. She also complained of the head feeling very large; after two

doses of *Lach.*, she asked her attendant if her head was not diminishing.

There was no doubt idiosyncrasy to this medicine, as the average dose is one drachm. I have seen nowhere such symptoms accredited to Chloral, which induces me to report them. Insensibility to pain lasted longer than usual; considering all authorities declare its effect passes off in less than six hours, belied by my patient's experience. This involuntary proving of Chloral is interesting, and should enlist special attention, as it may suggest other employments for this medicine than those now specified.

I have stated as carefully as possible the salient features of a case I consider as uncommon as it is painful, and do so with confidence that it will lead to such investigations and experiments as may throw new light upon the subject of the best remedies for such a malady. I am encouraged to bring this case before my professional brethren by my knowledge of the prevalence in our medical fraternity of a spirit of generosity and mutual friendship, which leads the different members to co-operate not only for each other's benefit and success, but for the promotion of the noble science of medicine itself, to which humanity is and must continue to be very greatly indebted.

Yours truly,

P. BENDER, M. D.

QUEBEC, D. of C.

AMERICAN INSTITUTE OF HOMEOPATHY. The Twenty-ninth Anniversary of the Institute, just held in the City of Washington, may be regarded as one of the most pleasant and most profitable sessions of that body ever held. Business ran smoothly and was transacted promptly, discussions were animated and practical, papers were listened to attentively, and good feeling seemed to actuate every member present—although sparks were occasionally and very naturally struck out in debate—and things were done that, it will be found, will facilitate the business of future sessions. The Institute meets next year in Cleveland. We shall give a synopsis of the proceedings in our next number.—ED. H. M.

For the Hahnemannian Monthly.

BOILS; THEIR LOCATION, ETC.

COMPILED BY DRS CHAS. HEERMANN AND E. C. PRICE.

Boils in general. *Acon. alum. amm-c. amm-m. anac. ant-c. *arn. ars. am. baryt. *bell. *calc. carb-an. carb-v. china. cocc. euphorb. graph. grat. hamam. *hep. hyos. ign. kreos. *lach. laur. *led. *lyc. magn-m. *merc. mez. *mur-ac. natr-c. natr-m. nitr. *nitr-ac. ^onux-mosch. nux-v. petr. *phos. puls. rhus. sec. *sep. *sil. spong. *staph. stram. *sulph. sulph-ac. tart-em. thuj. viper-red. zinc.

— *large.* hep. hyos. lyc. natr. *nitr-ac. phos. apis. erot. lach. merc.

— *small.* *arn. baryt. bell. grat. lyc. magn-c. magn-m. natr-m. nux-vom. sulph. zinc.

— *disposition to.* lyc. nux-v. phos. phytol. sil. sulph.

— *furunculous eruption.* iod.

— *a succession of small ones all over; have continued three weeks; came on after measles; cured in a few days by bell.* (E. C. Price.)

— *a number of small furuncles on the neck, and in the face; on the head, back, and chest, of various sizes.* kali-hydriod.

— *if they mature slowly.* hep. sulph.

— *if very much inflamed and painful.* bell. merc.

— *periodically recurring.* hyos. *lyc. *nitr-ac. *staph.

— *on the head.* baryt. bell. calc. kali. *led. magn-m. mur-ac. nitr-ac. rhus. cina. brom-am. brom-pot. brom-soda.

— — *forehead.* ptelia-tri. led. amm-m. phos.

— — — *where the hair begins to grow.* calc. simple, painful. bell.

— — — *above the left eye.* natr-m.

— — — *small.* magn-c. *large.* phos.

— — — *right temple.* mur-ac.

— *ear.* sil. sulph.

— — — *around.* amm-c.

— — — *before.* carb-v.

— — — *behind.* natr-c.

— — — *right.* phytol.

— — — *over.* alum.

— — — *on helix, large.* sulph.

— — — *in the.* elect. sulph.

- Boils, ear, in the external meatus.* puls. sulph.
 — *nose.* alum. amm-c. carb-an. magn-m.
 — — *suppurates in 24 hours.* magn-m.
 — — *in the.* alum. amm-c. carb-an. sil.
 — — — *with feeling of tightness.* carb-an.
 — — *on the tip of.* acon. amm-c.
 — — *pustule, right side of, in the front of septum.*
 amm-c.
 — — — *in depression on outer side of right wing of.*
 con.
 — — *pimple in right nostril.* phos. (For pimples, see
 Jahr's New Manual, vol. iii, p. 356.)
 — *face, on the.* alum. amm. arn. baryt. bell. °bry. calc.
 carb-v. coloc. china. cina. kali-h. laur. LED.
 mez. iris-v. mur-ac. natr. natr-m. nitr-ac. sil.
 rhus-rad.
 — — *on the, which do not mature.* rhus-rad.
 — — — *and head of children.* cina.
 — — — *cheek.* alum. amm-carb. china. mez.
 — — — *left cheek.* alum.
 — — — *cheek near the nose, large, not painful.* sil.
 — — *at the corners of the mouth.* amm-c.
 — *lip, on the lower.* petr.
 — — *over the upper.* natr-c.
 — — *on the right side.* alum.
 — — *on the left side, large tubercle-like boil.* ratanhia.
 — *chin, on the.* amm-c. hep. nitr-ac. sil.
 — — *on the side of.* nitr-ac.
 — — — *with stinging pain when touched.* sil.
 — — *over the.* natr-c.
 — — *pustule on the, with tensive pain, leaving a red*
 spot behind. mang.
 — *jaws, under the.* carb-v.
 — *temple right, on the.* mur-ac.
 — — *on the, painful.* bell.
 — *neck, on the.* amm-c. china. indigo. kali-h. magn-c.
 natr-m. sep.
 — — — *with burning pain.* coloc.
 — — — *below left jaw.* sep.
 — — — *nape of.* elect. nitr-ac. phos.
 — — — *small.* graph.
 — *axilla, borax, caust.* fluor-ac. mur-ac. PHOS-AC. sulph-ac.
 — — *left.* lyc.

Boils, back, on the. acon. caust. coloc. elect. iris. mur-ac.
sulph-ac. thuj. zinc.

—— ——— ——— *small of the.* aeth. mur-ac. thuj.

—— ——— ——— *small ones.* caust. graph. mur-ac.

—— ——— ——— *right side of.* phytol.

—— *scapular region.* amm. bell. led. lyc. nitr-ac. nux-jugl.
zinc.

—— *scapula, large on the.* nitr-ac.

—— *nates, on the.* ACON. agar, aur-mur. baryta-c. graph.
hep. ind. lyc. nitr-ac. PHOS-AC.

—— ——— *two on one of the.* hepar.

—— *hip, on the right.* alum.

—— *chest, on the.* amm. china. hep. magn-c. phos.

—— ——— *large, on the.* phos.

—— ——— *red on the right side of, only painful when touched.*
amm-c.

—— *pectoralis muscles, on the.* cham. china.

—— *false ribs, over the.* magn-m.

—— *near last rib, left side.* arg-fol.

—— *abdomen, on the.* phos. zinc-ox.

—— ——— *two on the.* phos.

—— ——— *right side of.* amm-mur.

TOBACCO VERSUS TOBACCO.

BY R. C. SMEDLEY, M.D.

IN November, 1869, a dyspeptic addicted to the use of tobacco consulted me in reference to his case. He was well aware that the habit of chewing was injurious to his health, and he had on several occasions attempted to abandon it; but the craving was so great that he invariably yielded himself again a victim to its influence. I put him up several powders of Tobacco²⁰⁰, directing him to take one every twelve to twenty-four hours while he felt the constant craving for his accustomed quid. In about two weeks he returned, stating that during the first week, when he took one of the powders, it would for a day or two so appease his appetite as to bring it under his control, and that during the last week his longings

only occasionally harassed him, when one dose would remove the unpleasant feelings. After that, his cravings were only felt when the stomach became more than usually deranged. Hydrastis, low, strengthened his digestion. Following the hankering for tobacco was a desire for stimulants. Tobacco²⁰⁰ removed that in the same way. He has had no desire since to return to his former habit.

I am of the opinion, however, that Tobacco²⁰⁰ would be ineffectual in removing the appetite for the crude article, without a will-power acting in conjunction with it.

PROVINGS AND OBSERVATIONS.

BY DR. J. SCHELLING, OF BERNECK.

Kali bichromium.

Dec. 1st, 1860. Feeling perfectly well, and attending to the labors of a country practice, I was that day obliged to prepare some Kali bichr., whereby I inhaled some of it, when I was suddenly attacked at 10 A.M. by a severe burning, itching pain, as of a sharp-cutting knife, in the centre of the chest, so severe, that I had to throw everything away in order to support and to compress the chest with both my hands. After two minutes and perfect quiet the pain eased off, but returned with every attempt to continue my former labor. The pain begins on both sides under the clavicle, and extends over the whole chest down to the lower ribs, but is most severe in the centre of the chest. The pain is somewhat similar to that felt when walking against a cold wind, but is not only burning, but sharply cutting. Deep breathing increases somewhat the pain, or rather the pain forces me to inspire deeply. Heat relieves, without taking the pain away. The feet are cold, with shivering over thighs and back. On scapula and back twitching, as of fluid drops about on the flesh; pulsations in sharply broken motions, like the key of a telegraph. These pains keep on till noon, sometimes lasting for a quarter of an hour, and steadily decrease after taking some warm soup. When sitting a bruised sensation in the right hip-joint, so that he limps when he tries to walk. All the pains pass off after dinner, without returning.

Petroleum.

On account of chilblains, cold hands and feet, and weak sight, a dose of Petroleum^{3d} was taken.

Dec. 14th, 1845. At noon, sleepiness; falls asleep when playing piano, more so than when he does not feel well; inclination to urinate; burning of the light yellow urine; severe chapping pains from the anus to the perinæum and glans; tearing stitches in back and left shoulder; shivering in back and loins in the warm room; coryza, nose clogged up; at night continuous dreams of one and the same subject in different positions.

Dec. 15th. Icy cold feet from 10 A.M. to 5 P.M., with heat in the head (never yet so severe and continuous); tearing and pinching stitches in ductus semiferus (especially in the right side, also in the following days); severe coryza nearly the whole day; very little food fills up and produces anguish and sleepiness; the cold feet become warm, and the catarrh disappears, by walking up hill; immediately after drinking some wine, heat in the head, and epistaxis; felt better as soon as he came in the fresh air; cannot fall asleep for four hours, on account of cold feet; restless sleep, with frequent waking up.

Dec. 16th. Tired in the morning, and sleepy, with heaviness of the head; after drinking a cup of milk, eructations and pressure in the stomach; coryza up to noon; at night restless, sleep full of dreams, with cold feet and frequent waking up; in the morning less heaviness in the head; chilblains on hands hot and red; swollen hands, so that they can hardly be closed; after three days the swelling decreases, the chilblains and the cold feet disappear.—A. H. Z., Dec. 11th, 1871.

Cactus grandiflorus.

Constrictive pain, as if from an iron band, or as if in a vice.

1. F. S., 30 years old, nervous temperament, usually healthy, caught cold by getting a thorough drenching, and was attacked at night with severe colicky pains, indicating more or less in its symptoms Colocynth, but it failed to bring relief. Patient complained that he felt as if a band were stretched from his spine over the abdomen, and constantly twisted tighter and tighter. A few doses

of Cactus brought relief and sleep, and in the morning patient felt well.

2. D. M., 24 years old, a lady of sanguine temperament, after catching cold suffered from severe neuralgic headache. Gelsem., Bell., &c., all failed to give relief. She felt as if her head were compressed in a vice, and that it would burst open by the severity of the pain. Two doses of Cactus produced sleep and perfect relief.—S. L.

CLINICAL CASES.

BY D. A. GORTON, M. D.

Dysmenorrhœa and Rhus tox.—Miss S. C., age 25; menses regular as to time and duration, but attended with sharp, incisive pains in the lower abdomen; backache, &c. These sufferings are limited to the first day of the courses, and are so severe as to compel her to go to bed; to take warm draughts, and apply hot fomentations. The veins of the right leg are extensively varicosed, and the right ovary enlarged and morbidly sensitive. Numerous remedies were used in the treatment of the case, but none were effective in controlling the sufferings except *Rhus t.*¹ That remedy exerted always a marked influence over the ovarian pains, as well as the dysmenorrhœa; the patient declaring she could detect at once the change from the *Rhus t.* to other remedies. The case is not cured—possibly is not curable. It is reported as an instance of *Rhus* action outside of a sphere commonly ascribed to that important remedy.

Another case of obstructive dysmenorrhœa yielding to the virtues of *Rhus t.* may be mentioned. Miss E. D., age 24; colored. An hysterical, hypochondriacal patient. Dysmenorrhœa from puberty. Pains of a cramping, bearing-down character; backache all the time, aggravated by the horizontal position, and by lying on the back. A score or more of remedies were tried in vain in this case, one after another, until finally *Rhus tox.*³ was prescribed,

with prompt relief. The relief, although only temporary, was not undervalued by the suffering patient.

Prolapsus Uteri and Trillium.—Miss A. J., age 21; temperament bilious. Complains of great bearing-down feeling in the pelvis when walking and standing; backache; sore pains in the vaginal and uterine region; copious discharge of yellowish, stringy leucorrhœa; constipation; menstruation inclined to menorrhagia, and the monthly flow lingers several days longer than the average time. A few doses of *Nux vom.*³⁰ were given at first with no appreciable amelioration; four doses of *Trillium*¹, four hours apart, were followed in a few days with decided and permanent relief of the symptoms of uterine dislocation.

Vaginitis and Sulphur.—M. N., age 12; a delicate, cachectic girl. Has had for several months a troublesome discharge from the vagina of a thick, yellowish, hemorrhagic mucus, accompanied with burning, sore pains in the vagina; debility; backache. Corrected her diet, which had been defective and insufficient, and gave *Sulph.*³⁰, night and morning, for three weeks, with complete recovery.

Vaginitis and Sepia.—Miss E. F., age 37; leucophlegmatic temperament. Has leucorrhœa of a yellowish, excoriating character. The discharge is sometimes attended with a burning sensation; heat and pain in the sacrum; courses regular as to time, but decidedly abnormal in quality, being of a dirty brown color, with an offensive odor. Her throat also sympathized in the mucous disorder, as evidenced by the muco-purulent sputa, and the abnormal nasal discharges. *Sepia*³⁰, with occasional interludes of *Sacch. lac.*, for two months, was followed with very gratifying improvement.

Leucorrhœa and Mercurius protoiodatus.—Mrs. S., age 42; a stout, fleshy woman, with many children, the first of which was born when she was fourteen years and a half old! Menses slight, and accompanied at the outset with

dysmenorrhœa; copious muco-purulent discharge from the vagina all through the month; catarrh of the frontal sinus; dull, pressing, boring pains over the eyes; throbbing and bursting sensation in the temples; discharges from the nose and throat scales of dried, offensive pus; great susceptibility to cold; all her symptoms are aggravated in cold and damp weather. *Merc. protoiod.*³ gives gratifying, although only temporary relief.

Bronchitis and Nux vomica.—Mrs. M., age 47; a blonde, highly nervous, sensitive woman; passed the climacteric a year since; complains of shortness of breath, sore cough, and great sensibility of the bronchial tubes; cough aggravated at night; expectoration copious, of a saltish taste, white color; bowels obstinately constipated; excessive flatulence. *Phos.*³⁰ was followed with slight amelioration of the cough; while *Nux vom.*³⁰ gave well-marked and most gratifying relief of all the sufferings. She was delighted with the effect of the remedy upon her.

THE HOMŒOPATHIC SCHOOL, THE MODERN SCHOOL OF RATIONAL AND LIBERAL MEDICINE OF THE FUTURE.

(An Address before the N. Y. State Homœopathic Medical Society, by
W. H. WATSON, M.D.)

AT the close of an address, which as President of this Society, I had the honor of delivering before it on February 9th, 1869, I used the following words: "Let us seek to make our school, at once, broad, catholic, and comprehensive; to such an extent that liberal-minded and educated physicians of all shades of views, assenting only to the therapeutic maxim, 'Similia, similibus curantur,' as the guide in selecting the appropriate drug for specifically impressing diseased tissues, and regarding this as the only manner in which we can attain the power of curing disease by medicines, may be welcomed in its ranks. Let bigotry and intolerance find no abode among us; they have no place in the realm of science. While we may differ with the practitioners of allopathy, we should treat them neither with bigotry and intolerance, nor with contempt; but, rather with that chivalric courtesy, which, while it compels respect from others, cheerfully renders it in return. Let our motto be, both in regard to ourselves and our opponents, 'In certis unitas, in dubiis libertas, in omnibus charitas.'"

On the 8th of June, 1870, in an address on "Liberty of Opinion and Action; a Vital Necessity and a Great Responsibility," before the American Institute of Homœopathy, then in session at Chicago, a distinguished member of this Society, Dr. Carroll Dunham, than whom no truer, more conscientious, able or eloquent champion of homœopathy lives in this or any other land, gave utterance to the following liberal sentiments: "I would have no exclusive creed, no restrictions relating to theory and practice, but would receive into membership of the Institute every applicant of suitable education and moral standing;" and most happily enforced the principle by quoting the words of the wise Chomel, when it was proposed to deprive the distinguished Tessier of his position as hospital physician on account of his conversion to homœopathy, as follows: "Every physician who is thoroughly qualified to practice has the right to select his own mode of treatment, and to judge what is best for his patients, and may not be interfered with unless his results are notoriously bad, or he commit some act of unquestionable malpractice. For," said he, "it is only by the exercise of this freedom that changes and improvements have ever been introduced in practice; and herein lies the only hope of further improvements. Tessier, in practicing homœopathy, has only exercised the same freedom of selection which Bouillaud, and Rayer, and Louis, and I have enjoyed; and as his results are as good as ours, we may not interfere with them."

On the 7th of June, 1871, the American Institute of Homœopathy, at Philadelphia, unanimously passed the following resolution:

Resolved, That the interests of the cause of truth and the interests of humanity rise higher than the distinctive lines of medical schools, and we hold it to be the duty of medical men to disregard such distinctive lines where these higher interests can be subserved thereby.

Such are some of the liberal utterances which have emanated from individuals and associations connected with the homœopathic branch of the Medical Profession.

Let us now for a moment glance at the sympathetic responses which they have elicited from our brethren of the allopathic school. For, Mr. President, they are our brethren, engaged with us, though using different methods of attack, in a continual warfare against the common foe.

In a paper read before the Albany County Medical Society in January, 1871, Dr. C. A. Robertson says: "I for one am frank to say that I regard the regulation which forbids consultations with homœopaths as unwise. I cannot but think that we should have treated it (Homœopathy) with gentleness instead of severity; have regarded its claims with appearance, at least, of judicial consideration, and not with invective and derision; have met its practitioners, as well as other practitioners in instructive 'consultation,' instead of standing aloof with lofty self-approbation. We have fought Homœopathy instead of 'bugging it to death;' by opposition, instead of destroying it we have dignified it, so that it has hospitals and colleges, as well as the regular profession. I

know nothing of their quality, but I would willingly swear they are not inferior to what have come under our observation, where practitioners claim to be 'regular.'"

In August, 1871, Dr. Hopkins, of Buffalo, published in the *Buffalo Medical and Surgical Journal*, a paper containing the most liberal sentiments, of which the following quotation presents the concluding paragraphs:

"As before stated, the act admitted the homœopathic profession to all the rights and privileges as physicians and surgeons under the acts of 1813 and 1827, and all acts amendatory thereof; thus they became 'legally authorized practicing physicians and surgeons,' and as such are entitled to membership of our county medical societies. This right is positive, and no county society has the power to adopt a by-law which will keep them out if they should make application for admission. The right of legally authorized physicians to membership in county medical societies has been most definitely settled by our courts, and the proceedings to obtain such rights are well understood by many of our members.

"In view of these facts, what should the regular profession do in the matter? Shall we continue to call ourselves *the* profession, and neither by public act nor private word allow that there is any other? Shall we continue a line of treatment condemned by law and experience—treatment which only makes homœopathy notorious and ourselves disgraceful? or shall we submit gracefully to the laws of the State and public opinion, and proffer the homœopathic profession those amenities which should exist between professional equals? Invite them to their rights in our county medical societies; when called by their patrons, attend with them in consultation; when wished by our patients, ask them to attend in consultation with us. If they have any superior knowledge in the management of disease or the protection of health, our duty to our patrons requires us to avail ourselves of that knowledge. If we possess the greater professional ability, they and their patrons will find it out. If we hold back from this, we may reasonably be charged with having little confidence in our doctrines. If we go into it, I rest my faith upon the 'survival of the fittest.'"

At the recent meeting of the "Medical Society of the State of New York" held in this city, Dr. C. B. Coventry, a distinguished member of the allopathic profession in my own place of residence, and formerly a professor in several of the prominent medical colleges of this State, whose locks are now white with the frosts of many winters, passed in the honorable practice of his profession, who has been always, and as I believe honestly, and conscientiously opposed to Homœopathy, although ever courteous in his intercourse with its practitioners, and still is an adherent of the allopathic school, submitted a resolution that the delegates from the State Society to the American Medical Association be requested to present an amendment to the constitution of that Association to the effect, that "any person having a diploma or license to practice medicine

from any legally authorized institution or society of the State in which he resides, may become a member of the Association on signing the constitution and by-laws"—thus practically carrying out the suggestions of Dr. Hopkins, above alluded to, that regularly qualified physicians, irrespective of their methods of practice, should be invited to their rights in the Allopathic Medical Societies of the State and country. The resolution took the society by surprise and was laid upon the table, and I can only regret that the majority of the members of the society were not animated by the same liberality of sentiment, which actuated the venerable mover of the resolution.

Such are some of the more recent utterances which evince the growing liberality of sentiment and kindliness of feeling of the members of the two great branches of the medical profession in this country towards each other, and the palpable tendency towards a coalition of the two schools on some common platform.

The tendency of medical thought, both in this country and in Europe, renders it no longer doubtful to the observing mind that with the adoption of the essential principle of Homœopathy, but probably with the rejection of the name, there will ere long be formed a coalition of the more rational and liberal-minded members of the two schools. On every side do we find our allopathic brethren practicing more or less in accordance with the principles of Homœopathy.

Those who are familiar with the writings of Drs. Haldane, Anstie, Rogers, Harley, and Sidney Ringer in Great Britain, and of Dr. Louis Saurel, and other representative thinkers of the allopathic school, of the present age, cannot fail to notice that one by one our principles are being adopted by that school.

Dr. Louis Saurel, editor of the *Revue Therapeutique du Midi*, thus writes: "Our incredulity has less to do with the principle of similars, which we consider rational and frequently practicable, than with infinitesimal doses. We can easily believe that certain diseases can be cured, perhaps even the most part, by remedies acting homœopathically, provided that their dose be one appreciable by the senses."

Again, medicines are now usually prescribed singly and in comparatively small doses. Says Sidney Ringer, the distinguished Professor of Therapeutics in University College, in speaking of the administration of a certain drug: "It was given alone, as it is only by such a method any exact knowledge of the effect of drugs can be obtained."

Recently the proving of medicines on the healthy body has been recommended, and grants of money have been proposed for its accomplishment.

Thus one by one all the modes of practice for which, during seventy years, we have contended, are now being rapidly adopted.

Who will deny that, at no distant date, either under the name of the Homœopathic School, or adopting a title, now often used synonymously—that of "The Modern School of Rational and Liberal Medicine"—we

may see the two great branches of the medical profession, for many years estranged and often hostile, united in one solid phalanx, under the ample folds of that banner, unfurled to the gaze of an astonished world by the genius of Samuel Hahnemann, on which, inscribed in letters of living light, are the words, "*Similia similibus curantur*," and, actuated by that philosophic and Christian motto, "*In certis unitas, in dubiis libertas, in omnibus charitas*," marching onward to the attainment of conquests over disease and death, such as have never yet been depicted in the dreams of the most ardent medical enthusiast? Then will have come the millennium of medicine. God grant a consummation so devoutly to be wished!

NOTE.—There is so much ground common to all branches of the medical profession, and the interest of the public in harmony of medical action is so important, that a reconciliation of the differences of medical opinion would be a public benefaction, and whoever might bring it about would justly be regarded as a public benefactor. That such a medical millennium is not near, however, is quite apparent, if we are permitted to take the action of the American Medical Association at its last meeting, held in Philadelphia, as an indication of the feelings of one branch of the profession, the Allopathic, in the matter. Not only did that Association exhibit its adhesiveness to the intolerant spirit of the dark ages by refusing to receive delegates from institutions where women or negroes were students or teachers, but at an early stage of the proceedings one Dr. Davis, of Chicago, offered a preamble and resolutions congratulating the Massachusetts Medical Society on their "earnest efforts in suppressing quackery," and patting the Society on the back by way of encouraging them to persevere in their efforts to remove the "quacks, charlatans, and pretenders" from membership; the said quacks, charlatans, and pretenders being the Fellows of the Society who dared to practice medicine in accordance with the tenets of the homœopathic system. This preamble and the resolutions were referred to the Committee on *Ethics*, were considered by that committee during two days, then reported back and adopted by the Association without a single dissenting voice. And this Dr. Davis, who was so dreadfully anxious to show his hatred of homœopathsists, and all his ignorance, bigotry, and intolerance done up in a small parcel, hailed from a city where, but a short while ago, homœopathsists and allopathists joined hands and hearts in the good work of relieving human suffering, and never once thought of creeds while doing it. And perhaps it was on this very account that Dr. Davis offered his resolutions, and thus placed himself right on the record as strictly orthodox, with "no bigod nonsense about him, you know," regarding homœopathsists. This does not look much like the coming of the medical millennium! The allopathic lion is doubtless willing to lie down with the homœopathic lamb, but only on conditions decidedly adverse to the individuality of the lamb.

Aprespos to the mention of the action of the Massachusetts Medical Society, we append the criticism on that action of an eminent Boston

practitioner, the very man who stirred the matter in the first place, and who, as editor of the *Journal of the Gynæcological Society of Boston*, writes (vol. vi, No. 4, p. 315):

"And the way in which they attempted it was the most astonishing marvel of all. A set of snap statutes were contrived, to all interests (*sic*) and purposes *ex post facto* in their character. They offered to the expelled irregulars the privilege of resigning from the Society, which, when asked for in years past, they had denied, and the offenders laughed at them. They threatened renewed expulsion if they did not resign, and the offenders laughed still more. They summoned them then, individually, and by name, before a board of trial, and when met for the purpose of trying them, were themselves served with a legal injunction, and cited by the sheriff to themselves appear in court. And where was the laugh again? Themselves held up to popular derision, ridiculed in the newspapers, cursed by their own associates, and one of their leaders rendered severely ill from mere chagrin; was there ever a more pitiable set of wretched beggars than at present, the Board of Councillors of the Massachusetts Medical Society? Deliberately stirring a hornet's nest, they as deliberately sat down thereon, and there they are sitting still. Heaven pity them if it can. Should they eventually succeed in carrying the technical point that has been made, and in expelling their threescore homœopaths one by one, they will have involved themselves, and possibly the Society also, in a labyrinth of legal proceedings of which no man living may see the end.

"And thus these councillors have succeeded in making the Massachusetts Medical Society itself the butt of the community, and by exciting the cry of individual persecution, have aroused popular sympathy with the irregulars to such an extent, as to divert, during the past year, some hundred thousand dollars or more of fees from the pockets of orthodox Fellows" [to say nothing of the seventy-five thousand dollars, net cash, earned by the Grand Fair in aid of the Homœopathic Hospital].

The American Medical Association should have passed resolutions of *sympathy* and *condolence*, and Dr. Storer should have conveyed them to the "pitiable set of wretched beggars" lacerated by his biting pen, to make Nemesis most complete.—EDITOR H. M.

EDITORIAL NOTES.

• OUR MEDICAL COLLEGES.

AGAIN it becomes a duty and a pleasure to note the annual *commencement* exercises of the various institutions of the country devoted to the education of practitioners of the healing art, in the true acceptance of that term.

THE CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE led off. Its commencement exercises were held at the College Building on Wednes-

day afternoon, February 15th. There was a large attendance of the friends of the college, and the exercises were full of interest.

The *Annual Address* was delivered by Prof. J. D. Buck, after which the degree was conferred by the President, Prof. T. P. Wilson, upon the following graduates, several of whom are ladies: A. J. Adams, A.B., F. R. R. Berry, H. E. Colton, W. C. Doy, J. A. Eisenhauer, E. T. Goucher, S. J. Hill, G. J. Jones, M. H. Miles, Henry Neville, A.M., A. S. Parker, A. J. Pickard, G. W. Richter, M. O. Terry, C. J. Wolcott, H. L. Barbour, M. J. Bearby, M.D., C. T. Canfield, M.D., L. C. Crowell, Alfred Eddy, E. Gillard, S. G. Graves, Mattie Hollett, C. A. Mills, A. S. J. Neville, George M. Ockford, N. D. Peck, R. H. Y. Ramage, William Teegarden, H. C. Wells, J. W. Hanson, S. W. Jones, W. J. McMahon. Total—33.

The conferring of the degree was followed by a short but eloquent address by the President, after which Prof. N. Schneider presented a series of prizes, as follows:

First Clinical Prize,	one scholarship,	to E. A. Gillard, M.D.
Second “	“	one graduation fee, to S. E. Chapman.
Third “	“	Baehr's Practice, to Miss E. A. Davis.
Fourth “	“	Raue's Pathology, &c., to Miss C. W. Shepardson.
Anatomy	“	thirty dollars, to D. F. Phillips.
Baldwin	“	first, case of instruments, to J. M. Ockford.
“	“	second, “ “ M. O. Terry.
“	“	third, Baehr's Practice, to S. G. Graves.

The presentation of these prizes was accompanied with explanatory and appropriate remarks by Prof. Schneider, which were followed by the valedictory address, which was given by Prof. H. H. Baxter, and which was well received by the class and visitors.

On the evening of commencement day, the Hahnemann Society of the College—a student's association,—held its annual commencement for the conferring of certificates upon worthy members. After the ceremony, an excellent and scholarly address was delivered by Prof. Biggar.

The Cleveland College has sold its beautiful buildings upon the “Heights,” and purchased commodious and suitable quarters within the built-up portion of the city, to which the college and hospital has been transferred.

THE HAHNEMANN MEDICAL COLLEGE OF CHICAGO comes next in order, as it held its Twelfth Annual Commencement, February 23d, at the Michigan Avenue Baptist Church. Prof. R. Ludlam, Dean of the Faculty, read the annual report, which presented the affairs of the college as in a most prosperous condition, notwithstanding the calamity which had befallen the city, and the consequent decrease in the number of attending students. The veteran Professor, A. E. Small, President of the college, then addressed the graduating class, and subsequently conferred on each of them the degree of Doctor of Medicine. The graduates are as follows: Charles Adams, Alex. M. Cheek, Miss A. A.

Cowell, Miss L. A. Cowell, Jacob Dal, M. M. Dodge, H. Foster, J. B. Herbert, Horatio Keeler, N. H. Lowrey, E. Mussina, Peter Nelson, Miss L. E. Stearns, Mrs. E. W. Taylor, and F. S. Whitman, Illinois; E. F. Brow, S. M. Fowler, and Ezra Smith, Michigan; H. P. Dutton and Emlen Lewis, Nebraska; D. W. Carlson, S. E. Hassell, Mrs. M. Hurlburt, R. C. Sabin, and F. W. Spencer, Wisconsin; Mrs. M. N. Johnson, T. J. Peer, New York; S. A. Moore, Henry Wessel, and John R. Young, Iowa; Clinton Munson, California; J. W. Weis, Missouri. Total—32.

Then followed the valedictory address by Prof. F. A. Lord, which abounded in good, practical advice. Prof. Lord's address was responded to by R. C. Sabin, M.D., valedictorian of the class, after which the certificate of the Hahnemann Institute was conferred by F. S. Whitman, M.D., President of the Society. The graduates and physicians of the city, to the number of one hundred, then repaired to the residence of Prof. Ludlam, where they were entertained with the annual commencement supper.

THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE held its commencement exercises at Association Hall, on Thursday evening, February 29th. An address was delivered by Prof. J. W. Dowling, Registrar, after which the Degree was conferred on the graduates by the President, S. H. Wales, Esq., as follows: W. H. Abererombie, C. W. Butler, J. L. Babcock, C. L. Beach, Charles Bossart, W. H. Blakeley, H. C. Brigham, W. C. Cooke, Ira B. Cushing, A. B. Carr, W. F. Clapp, H. P. Cole (July 22d, 1872), H. C. Coon, C. F. Fahnestock, W. P. Fowler, J. C. Garnett, G. F. Hurd, G. S. Hull, C. L. Hart, P. S. Kinne, R. S. Lane, W. T. Laird, Isaac Miller, C. H. McNeil, A. L. Macomber, F. D. Manie, C. R. Norton, G. S. Norton, H. E. Powell, I. B. Tillinghast, G. W. Reich, G. W. Seymour, S. H. Talcott, W. C. Westlake, W. S. Wright, H. W. Westover (July 1st, 1872). Total—36.

The diplomas of the New York Ophthalmic Hospital were then conferred on the graduates by Thomas C. Smith, Esq., President of the Hospital; which ceremony was followed by the valedictory on the part of the class, pronounced by S. H. Talcott, M.D., and the valedictory on the part of the Faculty, by Prof. Carroll Dunham, Dean.

In the evening a supper was given by the Faculty to the graduating class at the Hoffman House.

THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA, held its commencement exercises at the Academy of Music, March 11th, 1872, in the presence of an unusually large and highly respectable audience. Degrees were conferred on the following graduates:

C. B. Adams, Ct.; S. C. Bosley, Pa.; D. W. Bartine, Pa.; J. A. Bullard, Pa.; I. A. Barber, N. J.; D. H. Bradley, Pa.; *G. F. Coustant, Pa.; J. H. Crippen, N. Y.; E. G. Cayce, Ky.; T. A. Capen, Mass.; H. Crater, N. J.; G. H. Clark, Pa.; N. R. Chase, R. I.; *F. D. Puente, South America; W. H. Fetterman, Pa.; *H. W. Fulton, Pa.; W. H. S. Griffith, Canada; *W. M. Griffith, Pa.; W. S. Good-

hue, Ohio; Henry Gilborne, N. Y.; J. C. Guernsey, A. B., Pa.; C. D. Herron, Pa.; *John Harlan, Del.; R. Murdoch, Pa.; A. I. Miller, Pa.; *L. D. Morse, Tenn.; *Edward Mahr, Ky.; *S. C. Moyer, Pa.; F. R. Norton, N. Y.; S. E. Newton, N. J.; *T. B. Pulsifer, Me.; *R. S. Perkins, Va.; A. B. C. Rupp, Pa.; T. E. Reed, Ohio; T. W. Robertson, Mich.; *E. E. Snyder, M.D., N. Y.; *G. D. Streeter, Neb.; Ed. Simmer, Germany; J. G. Swinney, N. J.; T. K. Smith, N. Y.; S. M. Trinkle, Pa.; J. G. Thompson, Pa.; *M. S. Williamson, Pa.; *E. A. Wehrman, Ohio; T. F. Wood, Pa.; J. H. Way, M.D., Neb.; S. B. Weaver, Md.; T. R. Waugh, N. Y.; G. W. Williams, Kan.; W. M. Whitehead, A.M., Pa.; *W. M. Zerns, N. J. Total—51.

The gentleman whose names are preceded by an asterisk passed a particularly meritorious examination.

The Valedictory was delivered by Professor A. R. Thomas. It was replete with good advice, given in a straightforward and common sense style, yet not without eloquence.

On the evening of commencement day, the annual banquet to the graduating class was given by the faculty at the Continental Hotel. It was a very enjoyable affair.

THE HAHNEMANNIAN INSTITUTE held its commencement exercises on the evening of Saturday, March 9th, at which Jos. C. Guernsey delivered the valedictory address, and Prof. H. N. Guernsey presented the diplomas.

The expectations of this school for the coming session are good, and its facilities for teaching are unsurpassed. The faculty remains the same as at the close of the session. An attempt was made to inaugurate a spring and summer course for women, which fell through for want of support.

THE NEW YORK MEDICAL COLLEGE FOR WOMEN closes the series. The ninth annual commencement was held at Association Hall on Thursday evening, March 21st. After the annual report had been read by the Dean, Caroline S. Lozier, M.D., the Degree of the College was conferred by Prof. Carroll Dunham, upon the following graduates:

Helen J. Underwood, Wis.; Harriet E. Brown, N. Y.; Julia E. S. Bell, N. Y.; Julia P. Tiffany, N. Y.; Mary P. Sawtelle, Ohio; Amanda Jerard, N. Y.; Mary F. Mann, N. Y.; Emma Scott, N. Y. Total—8.

This was followed by a *Valedictory* on the part of the Class, by Emma Scott, M.D., which was succeeded by the *Valedictory* on the part of the Faculty by Prof. S. Lilienthal. Excellent vocal and instrumental music added to the pleasure of the occasion.

This institution is deserving of success, and we trust it will meet with the support and encouragement of the profession.

THE GRAND FAIRS.—New York and Boston have each been having Grand Fairs in aid of homœopathic charitable institutions. In *New York*, the funds raised are to be expended in supplying an addition to the Ophthalmic Hospital of a General Surgical Hospital, and we are glad to be able to record the fact that the efforts made in that direction

have been crowned with complete success,—upwards of \$36,000 net, having been raised. A feature of the Fair was the publication of *The Similibus*, a paper issued daily, under the editorial management of Mrs. Carroll Dunham and Mrs. Henry D. Paine. We are informed that complete sets of *The Similibus* in paper covers can be obtained by applying to Mrs. Dr. Dunham, 21 W. Nineteenth Street, New York. Price \$1.

The *Boston Fair* was an inspiration that grew out of the tidal wave of popular favor to Homœopathy, raised and billowed by the “pitiable set of wretched beggars” of the Massachusetts Medical Society. The Fair lasted two weeks and four large halls were required for its purposes. It was likely to be a success in Boston under any circumstances, but owing to the popular favor alluded to, this Fair surpassed anything seen in New England since the times of the Grand Fairs for the Sanitary Commission. Upwards of \$75,000 net cash was earned, a sum sufficient to set the *Massachusetts Homœopathic Hospital* on a secure basis, even if no more money be obtained. But the indefatigable Massachusetts doctors are “asking for more” of the Legislature. May they get it as they deserve to.

The Boston people also published a Fair paper, in ten numbers, called *The Pellet*. It was ably edited, and proved to be a great literary success. Longfellow says of it that it is the best paper, without exception, ever published, and he shall have it choicely bound to put with his rare books. Dr. Talbot has some bound copies on hand which can be had by sending him \$1.

WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY WALLACE MCGEORGE, M.D., SECRETARY.

THE Society met according to adjournment at the West Jersey Hotel, Camden, on Wednesday, February 21st, 1872, the President, Walter Ward, M.D., in the chair.

The minutes of the previous meeting were read and approved.

The Treasurer, Dr. Streets, reported sending \$25, in accordance with the desire of the Society, to Prof. Ludlam, of Chicago, for the benefit of our suffering brethren in Chicago.

Dr. Kirkpatrick, chairman of the Committee on Fee Bill, made his report, which was read, and after some amendments, adopted. The committee were on motion continued, and ordered to present the Fee Bill as amended to the State Society, and urge its adoption.

Dr. Hunt, chairman of Bureau of Obstetrics, who was to have made a report on “The Application of Forceps in Obstetrical Cases,” stated that on account of severe illness, he had been unable to prepare such a paper as he desired.

Upon motion, Dr. Hunt was requested to prepare such paper and present it at the next meeting of the Society.

Discussion ensued on various subjects. Small-pox and its treatment was talked of.

Dr. McGeorge asked what had been the principal remedies used, and

also what the opinion of the members was on giving stimulants in this disease.

Dr. Hunt said he gave stimulants when they were convalescing. Out of some sixty cases had only lost one case.

Dr. Streets related a case where a boy had died on the thirteenth day of sickness in an epidemic occurring six years ago. Thinks if he had stimulated him, the boy might have recovered.

Dr. Pfeiffer spoke of some bad cases that he had under treatment that were convalescing.

Dr. McGeorge reported having attended some twenty cases of variola and varioloid. In mild cases he used Thuja and Variolinum, using the latter remedy also as a prophylactic to protect other members of the family against the disease; and in every case but one successfully. In severer cases he gave Nux, Thuja, Apis, Mercurius, Rhus, and Tartar emetic. He gave the particulars of a case where a lady died on the thirteenth day of the eruption from exhaustion. The case was one of confluent variola; confluent even on arms, chest, and limbs, and where the pustules were sanguineous. What weakened the woman still more was, that just before the eruption came out, she was recovering from an attack of diphtheria.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

Quarterly Meeting.

REPORTED BY H. V. MILLER, M.D., SECRETARY.

THE quarterly meeting of this Society was held at the office of Dr. H. V. Miller, in Syracuse, March 21st, 1872, at 11 o'clock A.M. Owing to the storm and blockade of railroads, the attendance was not large.

MORNING SESSION.

In the absence of the President, Dr. Seward occupied the chair. The report of the Secretary was read and approved. Dr. Miller read a report on "Celluloid," which was indorsed by all the members present.

CELLULOID AS A SUBSTITUTE FOR RUBBER DENTAL PLATES.

Rubber in its natural state is of a black color, and it is then harmless to the mouth. But vermilion, a sulphuret of mercury, being the common quicksilver ore when it is sublimed, is used to give the required beautiful tint to the dental plate. This coloring matter is liable, sooner or later, to produce its legitimate poisonous effects upon the gums and the system generally.

Some may fancy that so small a quantity must be perfectly harmless. But dentists and physicians have often observed that it produces soreness, sponginess, and absorption of the gums. As small doses of drugs,

frequently repeated, will produce a "cumulative" effect upon the system, so it is not very strange that the constant action of vermilion upon the mouth and gums should eventually prove deleterious. Some subjects have greater resistive power than others against the action of morbid agents, depending upon the degree of healthful vigor and the peculiar susceptibility of the system in each case.

When vermilion rubber-plate is burned to ashes, and the latter are rubbed upon a piece of polished brass, the white globules of mercury are made distinctly visible. The plaster of Paris specimens exhibited are casts of a lady's gums. One was taken when she wore a gold plate, and the other after she had worn the vermilion rubber-plate some years. In the former case the gums were hard and healthy; in the latter they were very spongy and more or less absorbed. Meantime she had not taken mercury allopathically as a medicine.

Black rubber is objectionable chiefly on account of its color. Some dentists are now using celluloid—a preparation of gun-cotton—instead of rubber for plates. It is much lighter, harder, and tougher than rubber; has a good color; will not act deleteriously upon the gums, but it is somewhat more expensive.

The Committee on Credentials was appointed by the Chair as follows: Drs. Clary, Bigelow, and Parsell.

Dr. Strong, of Aurora, was duly elected a member of the Society.

AFTERNOON SESSION.

•In the absence of Dr. Seward, Dr. Clary was elected President *pro tem*.

The Secretary read a case of dyspepsia of five weeks' standing, reported by Dr. Spooner, of which Nux v. and Ars. effected a speedy cure. Symptoms: pain and tenderness of the stomach; pains aggravated P.M. and evening; vomiting always after eating and drinking, however small the quantity taken; with vomiting great burning and acidity; constipation very obstinate, obliged to use cathartics; appetite poor; tongue moist, yellowish-white; gradually becoming weaker and wasting in flesh. R. Nux.³⁰ at night, and Ars.³⁰ in the morning. After one dose of each a violent aggravation of symptoms occurred, and continued twenty hours. It then ceased, when a sudden and rapid improvement began. The medicine was continued during the aggravation and afterwards twenty-eight hours, when it was omitted. Thenceforth all the symptoms steadily and rapidly improved until recovery was complete. In two years and a half there has been no return of the complaint.

Dr. L. B. Wells reported an epidemic influenza prevailing in Utica, of which Euphorbium is the specific. Symptoms: chills, headache, frontal and occipital, with stiffness of cervical muscles; pains in the back and limbs; general malaise; prostration; watery discharge from the eyes and nose, with burning and smarting; also burning and smarting

in trachea, with profuse secretion of mucus. In most cases Euphorbium alone is sufficient for a speedy cure.

Dr. Miller stated that he had found Phos. frequently indicated this winter. Symptoms: hoarseness, dry, tearing cough, with oppression of upper chest; headache and sensation of excoriation in trachea or bronchia, or both.

Dr. Hawley reported a case of large, hard, dark-colored wart, with a large base, on a lady's cheek, of several years' continuance, but of late rapidly increasing in size. Gave Thuja night and morning three weeks; then the wart fell off, leaving the skin perfectly smooth and healthy. He had often cured condylomatous excrescences with Thuja.

Dr. Clary said Thuja cured many cases of warts, but not all.

The regular subject for discussion being the diseases of the mucous membranes of the uterus and vagina, Dr. Parsell read a report on the anatomy of those organs.

Dr. Greenleaf, of Owego, reported the following:

CLINICAL CASES.

Icterus. Myrica, Pod.

A lady had been nursing her child four months. Skin yellow; constipation; urine scanty, fetid, yellowish; *no appetite; sleepless.* Gave Merc. four days, with no improvement. New symptoms: colic; *desire for acids.* Gave Myrica cerif. three days, with some improvement in strength and appetite. Then gave Pod, with speedy relief of colic and other symptoms.

2. *Leucorrhœa. Nit. ac.*

Discharge mild, not profuse; *brownish.* Cured by Nit. ac.^{cc}. Had previously cured a suspicious sore throat for the husband with same remedy.

3. *Leucorrhœa. Sanguinaria.*

With topical application of Sang. can. he had often relieved cases of suspected ulceration of os uteri, characterized by excoriating discharge.

4. *Influenza. Allium cepa.*

He found Allium cepa the remedy in influenza, with the following symptoms: chill, followed by heat; sometimes intense pain in occiput and cervical spine; headache over eyes and in occiput; profuse lachrymation and nasal discharge; soreness and dryness of throat; sometimes cough, dry, racking. All ages.

Acon.^s followed by Allium^s generally sufficient for a cure.

For violent occipital pain a few doses of Verat. vir.

The members generally agreed that ulceration of the os uteri is comparatively infrequent.

Dr. J. G. Bigelow read an article from the *American Observer*, on the

different forms of ulceration, and its treatment. Some objection was raised against the article on account of the empirical use of local applications in connection with routine internal treatment. The indications for remedies were not clear, and hence nothing could be learned from such papers. They pertained to allopathic therapeutics.

Dr. Vanderburgh reported a case of leucorrhœa with various complications, cured by Sep., and a case of neuralgia of head cured by Lach., as follows:

CASES FROM PRACTICE.

No. 1. Mrs. H., æt. 40; dark complexion, hair, and eyes; nervo-bilious temperament. Has been delicate always, but never sick, though there was slight leucorrhœal discharge. Married at 26; courses commenced at 13, though they have been rather scant in comparison with others.

In middle of November first noticed that she was failing in health; complained of weight in stomach, alternating with palpitation of heart. When falling asleep great oppression of chest (so much as to be compelled to sit up), as though the air once inspired could not be expired. In forenoon is apt to be sleepy, yawning and stretching. When lying down has great uneasiness and *trembling* of the heart. Goneishness at stomach; alleviated by eating, aggravated by emptiness of stomach. Thinking or reading and talking aggravates the whole condition, especially the moral symptoms. Discouraged; desire to weep; forgetful; loss of ambition; cold feet. There seems to be no tenderness in genital organs; but the whole trouble spends itself on the stomach and heart. Leucorrhœa yellow and white.

In this case I diagnosed the trouble of respiration, stomach and heart, to be sympathetic to a chronic inflammation of the upper part of vagina and neck of womb.

I prescribed Ars.³⁰ and Nat. mur.³⁰, with Cactus grand., Bell., and Coffea as intermediates to control the nervous condition. As I got little benefit from any of them, finally put her upon Sepia³⁰, with good result; but in a week the action seemed spent, so put her on Sepia²⁰⁰, with still better luck. The case is going on finely towards recovery.

She experienced great relief when I convinced her that she had no organic disease of the heart, nor disease of lung, as she had lost five sisters, three with consumption, one with heart disease, and one from paralysis.

No. 2. Mrs. A., æt. 41; nervous, spare; in climacteric period; suffers much from neuralgia, now on right, then on left side of head. Extremely nervous, forgetful, cross, and irritable; sometimes thinks she will become demented; no fear of dying, but speaking as though she would be glad to die, to be out of her misery. Courses come on every one or two months, not regular.

Lach.³⁰ controls the headache when it does make its appearance, which

is but seldom now, and Nat. mur.³⁰ has changed very much her health, which you readily notice by her cheerful face and more happy disposition.

Dr. Miller reported cases as follows:

Post-partum metrorrhagia. Ipec., Sab.

In a recent obstetrical case, after the removal of the placenta, a sudden and alarming distension of the abdomen, in the region of the atonic uterus, was observed; the patient's tongue and countenance became pale; respiration sighing. There were faintness, nausea, retching, cutting pains about umbilicus, and stitches which the patient defined as darting off from umbilicus towards the uterus (direction opposite to that of Sep.). Ipec.^{cc} was immediately administered, the head being lowered and the pelvis somewhat elevated, and very soon the hemorrhage ceased, and all the other symptoms were ameliorated. But the patient then complaining of severe pains shooting from sacrum to region of uterus (opposite to calc. phos.), Sabin.^{cc} was substituted for Ipec., and the uterus was soon found contracted into a hard globular form, larger than one's fist, and the patient was safe.

After-pains. Podoph.

In a case of severe after-pains, with strong bearing-down sensation, Podoph.^{cc} was followed by speedy relief of pains. Subsequently, the patient being a sulphur-subject, Sulph. controlled excessive hemorrhage.

Vulvar Tumor. Calc. c.

A plethoric lady complained for three or four weeks of a painful tumor on right labia, of the size of my thumb; tenderness on pressure; could scarcely sit down; had leucorrhœa, thick, yellow, by day when urinating; cold, damp feet; vertigo when going up-stairs; involuntary emission of urine when walking; menses profuse, skinny, dark colored, tardy or premature. Calc. c.^{cc} three doses was followed by a speedy cure of tumor within a week, and all the other complaints were simultaneously ameliorated.

A general discussion on vaccination ensued. Dr. Hawley reported a case of vaccination by Martin's vaccine virus, which produced a perfect central vaccine vesicle, surrounded by a circular arrangement consisting of a hundred smaller ones.

Dr. Benson, of Skaneateles, reported a case of cow-pox vaccination, by which the whole arm was covered with cow-pox vesicles. In another case the vaccination remained dormant two weeks and a half, and then progressed normally to its proper termination.

Dr. Seward reported a similar case that remained dormant about four weeks, and then progressed normally.

Some of the members preferred pure lymph to the dried scab, as the latter is liable to contain purulent matter.

Dr. Clary related a case in his practice, in which he vaccinated a patient on one arm, and then inoculated the other arm with small-pox virus. In two or three days signs of inflammation appeared simultaneously on both arms. This inflammation continued for several days to increase equally and steadily. Then the small-pox vesicle died out, and the vaccine vesicle progressed regularly to its proper termination.

Dr. Hawley once vaccinated an unprotected child that had lived four days in a room where there were cases of small-pox. The vaccine pustule formed perfectly, and the child never had any symptoms of small-pox.

Dr. Miller presented his little boy, who had been accidentally vaccinated on his thigh immediately after wearing drawers made of new cotton flannel. The members present pronounced the pit a perfect cow-pox cicatrix.

Dr. Miller reported an article on the tobacco disease, in which he referred to his own experience, and to the investigations of a French physician, as follows:

BUREAU OF TOBACCO PROVERS. A RETROSPECT.

As it is customary with homœopathists to prove all drugs upon the healthy, in order to learn their precise curative sphere, it might be well to constitute all the consumers of the "solacing weed" into an efficient bureau of tobacco provers. As the drug symptoms are freshly developed, they might thus be utilized in therapeutics.

In the *Hahnemannian Monthly*, vol. v, p. 409, may be found the writer's "Proving of Tabacum." It is now over two years since the violence of his pathogenetic symptoms compelled him finally to forswear the use of said "solacing weed." It was no virtue, but dire necessity, that forced him ultimately to abandon the "proving," after persevering in the herculean task some thirty-four years; for he bravely commenced it in early childhood. Had he not fortunately survived the trying ordeal, the profession might justly have voted him a martyr to science. He had practiced medicine some years before fully realizing the extent of his devotion to the cause, or apprehending the fact that he had already exceeded the bounds of personal safety. The balance of this valuable proving he leaves to be completed by the Bureau of Tobacco Provers—those voluntary martyrs to the cause of homœopathic science. Since the completion of the active portion of this proving, his general health has steadily improved. He has gained in healthy flesh; was previously very thin. The craving for tobacco has long since disappeared. His respiratory apparatus works more satisfactorily. He has no flatulent colic, to which he was formerly subject. The cardiac pains and palpitations seem to be slowly but steadily diminishing; hence he does not daily expect, as he did two years since, to be obliged to make a sudden visit to the realms of Pluto.

Several physicians had decided that his case was entirely exceptional,

and that his symptoms were due to some original idiosyncrasy. But on comparing his symptoms with those of others, he soon found very many subjects "in the same boat," having well-marked symptoms of the tobacco disease. They very generally thought they had idiopathic heart disease; complained of pain and soreness in the region of the heart, and they could not lie very long on the left side at night. They almost invariably experienced great dyspnoea on ascending (Apis, Ars, &c.); were sleepless and restless at night, and were often favored in sleep with dreams of snakes and other frightful visions (Kali c.).

They experienced general debility and nervous excitability, and hence a morbid craving for stimulants and narcotics. Indeed they had more or less of the identical pathogenetic symptoms so familiar in his own experience. Retrospectively it seems strange that a professional man should have been so slow to apprehend the real nature of his own case. But comparatively few victims of stimulants and narcotics do realize the true state of things, until they find themselves too deficient in will-power to desist. The habitual use of these drugs doubtless causes a physical and mental deterioration of the race. One's offspring are more liable to possess a delicate constitution, because this abuse produces undue excitement, and hence exhaustion of nervous force in the patient. And statistics conclusively show that such indulgence predisposes the next generation to various cerebral affections. Out of so much evil one good may result to therapeutics—tobacco may be found an important remedy in heart disease. This affection is very common among tobacco provers; full as much so as sunstroke among the provers of alcohol. But provers general recover after discarding the drug.

Prof. — having lately abandoned the bureau of volunteer provers of tabacum, states somewhat enthusiastically that his general health is thereby greatly improved, though the neglected cause of science may sadly suffer in consequence. But this cause will doubtless be pretty well sustained, judging from the number of persistent volunteer provers of tobacco and of all other stimulants and narcotics, remaining faithful to the cause of science.

A French physician is said to have investigated the effect of tobacco smoking upon thirty-eight boys, between the ages of nine and fifteen, who were addicted to the habit. The result was that twenty-seven presented marked symptoms of nicotine-poisoning; twenty-three manifested serious derangements of the intellectual faculties and a strong appetite for alcoholic drinks; three had heart disease; eight decided deterioration of blood; twelve frequent epistaxis; ten disturbed sleep; and four ulceration of the mucous membrane of the mouth.

The subject for discussion at the next (annual) meeting is the same as previously, but somewhat amplified: "*Diseases of the Genito-urinary System.*"

Adjourned to the 20th of June next.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M.D., SECRETARY.

THE ANNUAL MEETING of the Society was held at the College Building on Thursday evening, April 11th; the President, Dr. Jacob Jeanes, in the chair.

The minutes of the March meeting were read and approved.

The report of the Treasurer, A. H. Ashton, M.D., was read and referred to the Censors to be audited. The report showed a balance due the Treasurer of \$16.97. The Secretary stated that while the Society should be self-supporting, the neglect to pay dues by certain of its members had obliged him to advance money out of his own pocket to carry on the work of the organization, in addition to doing the work of Secretary, the balance being really due him, although apparently due the Treasurer.

Dr. B. W. JAMES, Scribe, then made his usual interesting monthly report, as follows:

NOTABILIA.

BY BUSHROD W. JAMES, M.D.

SCABIES.—The female acarus lives on an average three or four months, and can lay forty or fifty eggs if she is prosperous in business and lives out her allotted days until adolescence. The egg turns into a youthful acarus fourteen days after it is deposited. The masculine insect lives in vesicles or short burrows in the skin, while his companion makes long canals. She roots in through the epidermis, and when she comes to the rete mucosum obtains ample food, and then bores away along in the skin forming this canal, in which she lays her eggs as she goes over the territory selected.

The disease cannot be communicated with triturated acari or the contents of the pustules or vesicles, showing the theory, that the itch insect carries a specific poison into the blood, to be unfounded. The acarus is very active under the influence of heat, and quite benumbed with cold; hence, when the hands and body are covered up warm in bed, the animals enjoy themselves the most and move around the more nimbly, and consequently produce greater itching. Relapses of the disease often occur after a cure is effected, simply by the patient putting on some of the garments or bed-clothing he may have used while he had the disease. Some of the crusts in which the acarus may for the time being be dormant, getting in this way in contact with the skin again, so that what is sometimes thought to be a "driving out" of repelled scabies, is only a fresh attack of the disease.

SYPHILITIC BLOOD —Small shining bodies are claimed to have been found in patients afflicted with syphilis. Over the surface of these small microscopic particles is sometimes seen projections; and as new bodies are formed by sprouting off from the parent body and then becoming

finally an independent one, it is supposed that these roughened points are the new bodies forming.

No doubt most of the contagious diseases will in time be found to depend upon the prolific multiplication of some microscopic growth of animal or vegetable origin.

BEST NUTRIMENT FOR FORMING BONE.—The U. S. Med. and Surg. Journal, Nos. 25 and 26, makes the following extract from one of its exchanges:

"A distinguished physician of this country has remarked, in effect, that if you want your children to grow up to a well-developed, vigorous, and healthful manhood and womanhood, you must attend especially to the *bone-building* during the period of growth. The fat and flesh can be put on afterward; but not the hundredth part of an inch can the bones be made to take on after the season of growth has once come to an end. Beans, barley, and oatmeal have about three times more of the bone-building and teeth-feeding elements than the best beefsteak; and as the last named of the three is generally the best liked, it is especially excellent to give to children. Let the Canadian oats be selected, well cleaned by the smut machine, ground coarse, and then not boiled so long as to destroy the distinct grains, or to transform it to a starchy mass. Then let it be eaten warm, with milk, a little granulated sugar added, and we venture to say it will become a daily favorite in any household where it is tried; and any family will find themselves a thousandfold compensated for the experiment by the better development and better health of the children, and an improvement in all."

DIET FOR DIABETIC PATIENTS.—As it is essential to regulate the kind of food to be allowed where diabetes is present, we will give the articles pro and con as Dr. W. R. Basham has them summed up in a paper on this disease, and which appeared in the January, 1872, No. of Braithwaite's Retrospect:

ARTICLES OF FOOD FORBIDDEN.

Vegetable Food.

Every form of vegetable food containing flour (farina), starch, dextrine, or sugar. All articles made from wheat flour—bread, biscuits, and pastry. Oatmeal, peas, beans, haricots, lentils, rice, sago, tapioca, arrowroot, semolina, revalenta, potatoes, yams, carrots, turnips, radishes, parsnips, macaroni (except with cheese), vermicelli, cocoa, chocolate. All fruits rich in sugar.

Animal Food.

None. No article of food derived from the animal kingdom is forbidden in diabetes.

In every kind of made dish prepared from animal food, the sauce or gravy, if needed, must be thickened with either gluten flour or egg powder.

ARTICLES OF FOOD ALLOWED.

Vegetable Food.

All the cabbage tribe (*cruciferae*). Cabbage, cauliflower, broccoli, borecole, Scotch kale, Brussels sprouts, sea kale, cardoons, couve tronchuda (Portugal cabbage), spinach, French beans, artichokes, cucumber (with oil), asparagus, onions, leeks, mushrooms, truffles, lettuce, endive, and all varieties of cress, Italian or corn salad, American and water cress. All kinds of acid fruits. As a substitute for wheaten bread—gluten bread, bran bread, bran biscuits, brown bread cut thin and toasted may be allowed.

Animal Food.

The food of the diabetic patient should be as much as possible selected from the animal kingdom. All kinds of meat; all kinds of game; all kinds of poultry; all kinds of fish and crustaceæ; eggs of every variety that are edible; cheese of every form and variety; the curds of milk.

A HEALTHY BOARD—AFRAID TO MEET HIM!!—The Altoona, Pa., city council recently appointed two allopathic and one homœopathic physician (Dr. J. W. Allen) on the Board of Health of their city. The first two resigned, and in doing so they did not wish to derogate from Dr. Allen as “an honorable man, or good citizen,” in any manner. “Aside from homœopathy he has our respect and esteem.” “But as a homœopathist we can have no consultation with him. There is no common ground on which we can meet,” say they. As a Board of Health is not strictly a medical body, and the members thereof meet only as *citizens* appointed to advise for the general good of the city, we fail to discover any strong point, except fear, in the allopathic resignations. If the city councils had called all three in consultation over a medical case to advise as to the medical treatment, there would have been ground on both sides for not consulting. Suppose laymen had been appointed, part of whom believed in homœopathy and part in allopathy, would any of them have resigned? No; because they are free from professional bigotry and fear.

The Censors reported that they had examined the accounts and vouchers of the Treasurer, and had found them correct; whereupon the report of the Treasurer was accepted. The Society then proceeded to the election of officers to serve during the ensuing year; Drs. Dudley and Korndoerfer acting as tellers. The election resulted as follows:

President, Dr. Jacob Jeanes.
Vice-President, Dr. John K. Lee.
Treasurer, Dr. A. H. Ashton.
Secretary, Dr. R. J. McClatchey.
Scribe, Dr. Bushrod W. James.

Censors, Dr. W. M. Williamson,
Dr. S. R. Dubs,
Dr. P. Dudley.
Com. on Provings, Dr. H. N. Guernsey,
Dr. A. Korndoerfer.

Com. on Prev. Dis., Dr. P. Dudley, Dr. Harriet J. Sartain.

THE SECRETARY stated that he had received a paper from Dr. Samuel Swan, of New York city, which he would read if the members would permit him to do so. By vote the Secretary was unanimously invited to read Dr. Swan's paper, which was entitled "*Isopathy and Homoeopathy.*" [See page 489.]

The reading of the paper was followed by a discussion which was taken part in by Drs. Korndoerfer, B. W. James, W. M. Williamson, Dudley, and Jeanes.

DR. KORNDORFER said that Dr. Swan had presented nothing new, and in all probability he laid no claim to newness of ideas. Dr. Hering has taught for years that a high potency of mercury antidoted, so to speak, the mercurial cachexia; and what is true of one drug may be true of all. As to the use of *Variolinum* in *small-pox*, the view of Dr. Hering is, that its use is not isopathy at all, for the variolinum being treated with alcohol is changed, as is shown by microscopic examination. And a changed thing is not the same thing, but another thing.

DR. B. W. JAMES said that it appeared to him that when a person commenced to write on the subject of Isopathy, he seemed at once to forget the true meaning of the term. After a drug has passed through the process which is called potentiation, it is not the same thing it was before. In order to cure isopathically the case of sugar poisoning related by Dr. Swan, the Doctor should have used sugar in the same form and condition as that which effected the poisoning; which he did not do. It is homoeopathy and not isopathy when the cure follows the use of the potentized similar material. In his reference to diabetes, Dr. Swan's paper is faulty in this, that there was no test for sugar. In regard to the vaunted power of *Variolinum* to suppress or modify *small-pox*, he would say this, that during the recent epidemic he had witnessed in his own practice a large number of cases, which he expected to be, and which gave every evidence that they would be, severe and confluent cases, and yet in a few days the eruption would dry up and it would disappear, and the patients would be out in a very short time—and this without any medicine at all. He thought that great allowance should be made when these reports are made concerning the suppression or cutting short of *small-pox* with *Variolinum*.

DR. W. M. WILLIAMSON.—Those who are fond of using high potencies believe that the higher they go with their potencies the more powerful and efficacious the medicine becomes. Now the very thing that Dr. Swan seems inclined to attribute to high potencies alone, he had often seen done with low potencies. He recognized the truth of the principle contained in Dr. Swan's paper, whether it was called Isopathy or not, that some medicines remove the constitutional effects produced by large doses of the same medicine and called cachexias; but he did not allow that the curative power was given only to the high potencies, so called, of those medicines. He would mention that he had reported to the State Society, at its last meeting, a cure of long-lasting and severe quinine cachexia cured with China given in a low—he might say very low—

potency. He thought that stories about cutting off the course of small-pox with Variolinum should be taken with many grains of allowance.

Dr. P. DUDLEY said that Dr. Swan's idea of Isopathy was that it is the treatment of a disease by the same thing that has caused the disease. Now this is not quite a correct definition; but it comes nearer to being so than to say that each disease has its own cure within it, or this other definition, viz., that each organ possesses its own curative agent for its diseases. Taking Dr. Swan's definition, how seldom can we apply it? When we can apply homœopathy perfectly, and the system has power to react, and the producing cause ceases to operate, then we can invariably cure: and we can only have a *perfect* homœopathy when we use isopathic means—strange as it may sound in the ears to hear terms so perverted. In cases where mercury ceases to act primarily and forms a mercurial cachexia, I have seen very excellent results follow the use of mercury in the sixth potency, in two cases. I have not much faith in the power of Variolinum to abort or alter the course of Variola. It may be able to do it, and it may do it; but I have seen the same phenomena follow the administration of other medicines, and no medicines at all, in cases such as Dr. James said he had every reason to believe at first were going to be bad cases. He did not look upon Variolinum as an isopathic remedy for small-pox. He thought the subject introduced to us by Dr. Swan's paper was worthy a great deal of attention, inasmuch as Isopathy, so called, is the most perfect and complete homœopathy.

Dr. KORNDORFER said that those who gathered the Variolinum should be careful in making the selection, as there was undoubtedly a difference in the material in different persons, and at different times in the same person. His experiments, for instance, to which he had alluded at a previous meeting, proved that sulphocyanogen is not present in the matter at times, while at other times it is present, thus showing a difference in the pus in different days.

Dr. JACOB JEANES.—It is to be regretted that Dr. Swan has introduced Isopathy into his paper as a term, as it is liable to be so variously interpreted. He should have been content to say that he had used remedies curatively similar to those which had caused the diseases he had cured. In regard to the use of medicines in small-pox, and their attributed powers to abort cases, he would say that the modifying influence of previous vaccination should always be taken into consideration. He had seen many cases dry away in a most surprising manner, which had promised to be bad, after the use of a great variety of remedies. Some of these cases had almost staggered his belief in their being small-pox. By not considering all the circumstances, a variety of remedies have attained undue importance. He had very little faith in the power of these remedies to abort cases, or to prevent pitting. Such cases as run a short course and dry up quickly do not cause pitting. The influence of vaccination and of other circumstances should always be taken into account in reporting the effects of medicines in small-pox.

The Society then adjourned.

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No. 12.

A REPLY TO DR. DUDLEY.

BY AUGUSTUS KORNDORFER, M.D.

(Read before the Philadelphia County Medical Society, May 9th, 1872.)

IN calling the attention of the Society to this subject, it is with no desire to raise useless debate, but to endeavor, with your aid, through discussion, to sift out the right from the wrong, by the setting forth on my part of some homely truth, interpreted to the best of my ability; as well as putting a few questions worthy of notice. In the first place, would it not be more profitable to discuss this subject, rather than be playing at so poor a game of shuttle-cock, as thus far, in the journal, has been done, for the amusement of a few, the regret of many, and the discouragement of all earnest seekers after, and investigators of truth?

The author of "Homœopathy Misapplied" has made some broad assertions, partly correct, if taken in a very limited sense, and partly, if rightly understood, perhaps bearing a meaning of which but few would discuss the correctness. Just here I would warn the author of the aforesaid paper not to fall into the same error of which he accuses Hahnemann. On page 297, *Hahnemannian Monthly*, he says: "The writer, from the very earliest period of his professional career, has been under an impression that a part of our practice (fortunately, only a very small part of it), is not founded on a true scientific basis, and these impressions have, after much thought and study, assumed the force of positive conviction."

The unscientific practice alluded to, consists in attempt-

ing to apply the principle "similia" to cases in which such an application is impossible. "Experience," he says, "is not an infallible guide, and reason must often be pressed into our service, to correct the errors of observation; and, however correct the observation, reason must always furnish the interpretation." Yet even reason, so called, may go astray through an overweening confidence in our own powers of deduction, and requires the constant guidance of a thorough understanding, unbiased, unfettered. On page 301, he says: "A structural disease which is caused and maintained by any other agency than functional disorder, cannot be reached by medicine at all, except indirectly through a function which may be perfectly healthy; and such functions cannot be affected homœopathically, because they have no disease to be acted on. Diseases of this class then are 'not subject to the law' of homœopathy, neither indeed can be." Is it possible for the Doctor to illustrate the last quotation by giving an example of a structural disease which is not maintained by functional disorder? In regard to his example of stone in the ureter, what is to be treated in such a case, stone, or effects produced by the continued irritation of the stone? Can these symptoms be nothing but outcroppings of health, or are they diseased? Would the passage of a stone bring on such violent symptoms if there was not disturbed functional action? What is pain but the result of disturbed functional action, especially in parts which we should possess as though we possessed not? As Prof. McMurtrie aptly taught, you have no right to feel you have a heart, stomach, or any internal organ; if you feel them, you have, at least, the beginning of disease. What will the Doctor have us believe in regard to pain from stone, that it is nothing but inordinate healthy action? If so, what is any pain? Does he teach that the same phenomena are at once physiological and pathological? Admitted the nerve may not be diseased when thus transmitting the sensation received from the stone, nor may the first sensation be from actual so-called disease, yet who can doubt its being an abnormal condition of the mucous membrane, tending toward disease, which is beginning to make itself known through the medium of a healthy function, this healthy function merely telling us where we ought to look for that which is diseased. Is it rational to call this healthy? Is it not a misconception and confounding of

cause and effect with the medium through which the effect is produced? Is it health the nerve is reporting? Is it not rather a healthy nerve reporting a state of disease? This diseased state may be in its incipency, or more advanced, yet who will deny its being at least the beginnings of disease. That this pain is not normal, is evidenced by the fact that large calculi may pass *without* causing pain; while at other times much smaller ones cause *excessive* pain. Is this not dependent on a greater or less irritability, perhaps congestion, swelling, or spasm of the ureter, and if so, is it not susceptible to homœopathic treatment? The stone is not the cause *alone*, but only one of the causes, there being a more potent, although not so manifest a cause, lying hidden in the system, making itself known only by the pains and other symptoms produced. Other than this array of symptoms, we can know but little of the cause. If these pains and other symptoms be not of diseased action, then can *no* pain be abnormal: then, in fact, our whole pathology is *at fault*. We should then say, pathology is excessive or deficient physiology, as Grauvogel says, "must be changed and unchanged at the same time," or in other words, it is health, only a little too much or too little of it, as the case may be. The next remark: "If functional disease result from the irritation, it may be treated on homœopathic principles; but the mechanical injury, and its direct results, must be treated in some other way." How in the name of reason, and in the light of modern science, can such a line be drawn? Is not the first symptom of pain an indication that the mucous lining is over-sensitive, and is not the muscular spasm the indirect result of this over-sensitiveness? Do not then, already in the first moments, come the functional symptoms which call for homœopathic treatment? Relieve this spasm, and the stone will descend with less injury to the mucous lining, and less functional derangement will be left as an after-result, simply by this timely relief of the functional disturbance during the first moments of its existence. His next illustration reads thus: "Again, let us suppose a case of uterine hemorrhage, induced by a fall or blow during the progress of pregnancy; the placenta has been detached, the delicate structure of the uterine vessels torn, and hemorrhage with labor, the natural consequence of the death of the embryo, comes on. Shall we administer homœopathic remedies?"

For what purpose? The embryo is no longer living, and the mother's functions are not disordered; it is the office of the healthy uterus to expel the dead embryo, therefore the pain must not be checked."

But what will be done with the wasting hemorrhage? Now if the Doctor will think but for one moment, he will see clearly in his mind's eye, that if the healthy action of the womb has not been disturbed by or through the fall (yet how can we conceive of a fall so severe *not affecting*, pathologically, so sensitive an organ?), there will be none of the hemorrhage of which he speaks; consequently no cause for treatment. But if hemorrhage does set in, what does it show if not the visible sign which to the thinker indicates irregular contractions of the uterine fibres? Does it not show that from the fall the uterine nerves have received a shock which has produced a functional change? Natural, regular, contractive pains are not going on, else the detached surface would be in such close apposition with the embryo, or bag of waters, or the head pressed firmly into and wedging up the mouth of the womb, as to preclude the possibility of severe hemorrhage; and if hemorrhage does take place, it is only a proof to the careful observer and reasoner that health and normal action have given way to disease and abnormal action. Let it be admitted that not only Nux, or Secale, but many other equally useful remedies will not directly contract the uterine walls; yet who will deny their power to remove the abnormal nerve influence, and thus allow the uterus to contract as nature intended; or that Bella., Sabin., Croc., or any other remedy applied homœopathically, cannot cause a broken vessel to contract and retract on itself; yet in case of uterine hemorrhage we must remember that the flow is not stopped in the *precise* manner of a *cut* artery. The Doctor should remember that the terminations, or rather the connections of the uterine and placental bloodvessels, are not analogous to a cut artery; but are formed, *to be separated and close physiologically*, without surgical interference. It is only when the uterine contractions are abnormal, either in degree or kind, that hemorrhage of severe nature can exist; then the abnormal condition becomes amenable to homœopathic treatment. The difficulty in the selection of a proper remedy for a given case does not excuse the non-use of it; on the contrary, the non-use indicates at least a want of careful, thoughtful selection.

The Doctor goes on to say: "Removal of the functional disorder which gave occasion to the accident will not cure the accident itself, or avert its natural result." This in the case under argument may in the extreme be so; yet cases have been cured where the hemorrhage was great, yet was owing to but a partial separation of the placenta. If the extent of detachment be too great, then his remark is true, for then we have a dead embryo, which becomes a foreign body, and as such nature endeavors to expel it; contractions come on, hemorrhage ceases, the embryo is discharged, and, if hemorrhage returns, it results from abnormal functional power—in other words, the uterus will not contract so as to close the valve-like mouths of the uterine vessels; this being a diseased state dependent on an abnormal nerve influence, is amenable to medicine, homœopathically applied according to the symptoms; the truth of this has been attested in numberless cases.

The Doctor again says: "Hahnemann himself must surely have had a correct conception of these principles when he wrote (*Organon*, § 29) in reference to the diseases cured on the principle 'similia similibus' that they are 'purely dynamic and peculiar changes of the vital powers in regard to the manner in which they accomplish sensation and action.' It is difficult to see how in supporting the doctrine we have been advocating his language could have been more explicit or more forcible, and in fact the passage is italicized in the original." Allowed; yet, Doctor, you have not quoted all; you will find it loses much of its force, and is not quite so explicit, if we read farther. It continues: "A change that expresses itself by symptoms which are perceptible to the senses, it therefore follows that the homœopathic medicinal agent selected by a skilful physician will convert it into another medicinal disease, which is analogous but rather more intense. By this means the natural morbid power which had previously existed, which was nothing more than a dynamic power without substance, terminates, while the medicinal disease which usurps its place, being of such nature as to be easily subdued by the vital powers, is likewise extinguished in its turn, leaving in its primitive state of integrity and health the essence or substance which animates and preserves the body." Here the point may be raised, does not Hahnemann distinctly say, "which was nothing more than a dynamic power?" Yes; but by this *more* he

does not refer to the fact that nothing more exists *with* the diseased state which may be material, but that the active, moving, sustaining power in disease is such a dynamic power.

In regard to stone in the ureter, we do not contend that we will cure the stone, either by dissolving or forcing out, as stone is not nor can it be the disease; but it may be contended with much truth that the symptoms arising from the passage of stone are aberrations from the normal status, and as such tend to disease, if not already disease in toto; just as much as in the case of an irritation in the bowels from cherry-stones, grape-seed, &c., although the offending, indigestible substance is not the disease, yet it has the power to produce a dynamic or functional change, certainly decided and severe enough to be classed with disease. It is difficult to conceive of pain or structural disturbance, either temporary or permanent, without such change of functional action, and the rule "remove the cause," seems to go farther than the mere presence of stone, or mere fact of fall or blow; it appears to us the meaning really should extend to the indirect, but more lasting cause, the disordered functional action; the direct result of the original cause, but afterwards in its turn a true cause as veritable as the first. To cure or remove the stone, should not be the object of our treatment *alone*, else truly it might be said homœopathy was misapplied; but there is a deeper cause at work than merely presence, else pain would occur in all cases, which we know is not the case; or, pain would only result when the edges of the stone were sharp; or, the stone exceedingly large; yet we know this is not necessarily so, as very smooth small stones may cause much pain; while on the contrary large ones have passed with slight if any pain. The Doctor next says, of Hahnemann, "His practice or at least his explanation of certain cures did not always conform strictly to his own principles." We would here assert that Hahnemann did teach as he practiced and practiced as he taught; yet he was always careful in his theorizing to say, as in § 28, Organon: "I attach no value to any explanation that could be given on this head; yet the following view of the subject appears to me to be the most reasonable, because it is founded on experimental premises." Again, Les. W., p. 533, "Into the secrets of nature *no created mind can penetrate*;" and on p. 532, he, for convenience,

divides diseases into two classes: those "having a visible simply material cause, and diseases of an immaterial dynamic cause." In regard to the first he says, "treatment is obvious;" "removal of the material cause;" he, however, passes over this part with the remark, "its consideration does not concern us at present." We will here remark that in most cases, the material cause cannot be known, until pain has been produced; then we will have to treat the functional derangements of which pain is merely the image, showing what is to be treated; the predisposing dynamic influence being the actual, though at times, remote cause of the material formation and presence. These functional disturbances will be our guide in the selection of the homœopathic remedy. It is remarked on p. 304, *Hahnemannian Monthly*, against Hahnemann's explanation of the cure of frost-bite by applying snow, &c., namely: "How can such treatment be homœopathic? It is not even medicinal, it is physical purely. Moreover, it does not constitute a true remedial application, but is simply a gradual and slow withdrawal of the morbid influence; it is intended solely to retard natural reaction, which in all such cases is too sudden and too violent, and thus to prevent—not cure—the disastrous effects which so frequently result from frost-bite." Let any one read Hahnemann's explanation, and they will discover that the foregoing criticism contains not only nothing more, but even less, as it does not assert so explicitly why heat and cold may act beneficially. *Org.*, p. 86: "The purely physical powers differ in the nature of their action on the living organism from those of a dynamic medicinal kind. Heat and cold of the air that surrounds us, or of the water, or of our food and drink, occasion (as heat and cold) of themselves no absolute injury to the healthy body; heat and cold are, in their alternations, essential to the maintenance of healthy life, consequently they are not of themselves medicine. Heat and cold, therefore, act as curative agents in affections of the body, not by virtue of their essential nature, but only by virtue of their greater or smaller quantity." Again, the expression, "thus the limb is recovered by physical homœopathy;" here referring to the similarity of kind but difference in intensity as being the homœopathicity; discarding all idea of medicinal remedial action, but as the Doctor correctly says, physically purely, yet should have rendered it, purely physi-

cally homœopathically. The lame apology for Hahnemann and his strict followers is not needed; those who follow his teachings most fully, certainly have no need of it. The first cause given is both inadequate and unworthy the subject, the writings on which it is based evidently being misunderstood. No enthusiasm is commendable when leading to wrong, and such would indeed be foreign to the unostentatiousness of a Hahnemann. The second cause, the jeers and sneers of the allopath, cannot affect the pure homœopath, as he does not hear the charges made as asserted. The homœopath alluded to evidently did not understand the use of the means which he possessed, within the range of his own system of practice, and as a consequence allowed himself to depend on the blind leadings of ignorance.

I do not speak inadvisedly or boastingly; neither do I forget that I am but a few years old in medicine; yet this latter, it appears to me, can make but little difference in the interpreting of a truth thus clearly set forth, not only in the teachings of Hahnemann, but also in Anatomy, Physiology, and Pathology. I cannot more appropriately close than with the following quotation: "Facts are stubborn things, and they remain what they are in spite of belief or unbelief, understanding or not, justification or not; stepping-stones for the wise, and corner-stones of the eternal temples of science and truth."

CORRESPONDENCE.

PHILADELPHIA, May 30th, 1872.

DEAR EDITOR: Our mutual friend, author of "Misapplied Homœopathy" and "Criticism Misapplied," has so complicated our discussion by new issues, which I did not criticize and which are hence foreign to the point, that I must needs bring the matter to a timely close, that you may be no longer annoyed, and your space be better filled. In doing so I shall endeavor to take no advantage which my "last say" might give opportunity to exercise.

First. I am sorry that Professors Lee, Gause, Brooks, &c., are dragged into the contest; for the fact that one of their students acquired an incorrect impression of homœopathy does not prove that they mistaught him.

Secondly. If I have misjudged my offended colleague by calling him a gentleman of education and integrity, and at the same time asserting that his impression of homœopathy is false (cannot an educated man be wrong in anything?), I can retract thus much: I surely deemed him honest in his remarks; and that he is educated, witness his acquaintance with Socrates, Galileo, the fables, and his euphonious quotation from Shakspeare.

But seriously, discussions invariably bring forth the bitterest sarcasm, and never do either party any good. I forbear noticing any slurs applied to me personally, whether quoted from Marcy, or exhibited, school-master fashion, in a review of my style. But you must allow me to reassert, that Aconite *is* homœopathic to foreign substances in the eye (but it won't pull them out); that *Silicia* will hasten the superficial appearance of needles lost in deep tissues; that medicines *are* homœopathic to renal colic (of course not as solvents to the calculi); that Sabina, "a shred of Cinchona bark," if prepared rightly, *will* check post partum hemorrhage. All these can be explained by molecular motions.

I was animated by no personal feelings; hence I censured him professionally, and must still be allowed the privilege of considering his remarks as not correct (even if my "pot" is seven years junior to his "kettle"), and as contrary to the teachings of Hahnemann, and I find that I am far from being alone in my judgment.

Very truly yours,

ERNEST A. FARRINGTON.

NOTE FROM THE EDITOR.—At an expenditure of much time, labor, and convenience, we are enabled to give with this number, a correct report of the proceedings of the Twenty-fifth Session of the American Institute of Homœopathy, abridged from the full phonographic report made by Dr. C. R. Morgan, and kindly furnished by that gentleman with greater dispatch than had been contemplated. It is hoped that our readers will be pleased to read this report. Of the most interesting discussions, the most interesting parts have been selected and presented. That others than the readers of the *Hahnemannian Monthly* may enjoy reading this report, we have furnished each of our brother journalists with advanced proofs.

AMERICAN INSTITUTE OF HOMŒOPATHY.

TWENTY-NINTH ANNIVERSARY AND TWENTY-FIFTH SESSION.

Preliminary Meeting.

THE usual *preliminary meeting* was held, by invitation, at the residence of Dr. T. S. Verdi. A large number of members were present, many of whom had ladies with them, and to these were added Governor Cooke, a number of Congressmen, and other dignitaries. At a suitable hour the dining-room was thrown open, and the assemblage partook of a bounteous supply of refreshments. Music added its charms to the pleasures of the occasion, which was a very enjoyable one.

FIRST DAY.

The Institute convened in Lincoln Hall, on Tuesday morning, May 21st, 1872, at 10 o'clock, and was promptly called to order by the President, I. T. TALBOT, M.D., of Boston, Mass. The Rev. Dr. Sunderland was then introduced and offered up a prayer.

The President called attention to the printed Order of Business as prepared by the Executive Committee, which was, on motion, adopted by the Institute.

Dr. T. S. VERDI, of Washington, D. C., then delivered an *Address of Welcome*, in which he welcomed the Institute most cordially to the city, gave an account of the rise and progress of Homœopathy at the National Capital, and recounted briefly the history of the Van Aernam proscription. The address was listened to attentively, and the speaker was warmly applauded.

The PRESIDENT then delivered the *Opening Address*. He thanked the Committee of Arrangements for the cordial welcome given the Institute, referred to the meeting of the Institute held in Washington fifteen years ago, and contrasted it with the present session, as well as the then status and condition of Homœopathy in America with its present flourishing state and glorious prospect. This was followed by an account of the doings in the homœopathic world during the year just then lapsed, which of course included the infamous action of the Massachusetts Medical Society, the "Trial," and its outgrowth, the "Great Fair," and the establishment of the Massachusetts Homœopathic Hospital on a sound financial basis. The conflagration of Chicago was thus alluded to: "Since our last meeting, Chicago, that beautiful 'Garden City' of the West, has bowed before the flames, and structures which had been reared for other centuries were in a single night laid low. A noble structure, one of human sympathy and human brotherhood, coextensive with civilization itself, rose as speedily, and to-day Chicago stands hardly less powerful than a few months ago, while humanity has risen higher than ever. Many of our professional brethren were among the greatest sufferers, but they have not failed to receive kindly cheer from their associates,

and in return they have succeeded, by unbounded energy, not only in maintaining their prominent position in the profession, but in continuing the publication of those homœopathic journals and books which had rendered Chicago a pleasant word to our school." Homœopathy in the Old World also received fitting attention, and the lamented decease of the great and good Professor Henderson was alluded to in fitting terms. The President's address was warmly received and heartily applauded, and was referred to a committee of three for consideration, consisting of Drs. J. P. Dake, R. Ludlam, and G. W. Swazey. Those of our readers who wish to see the address in full, prior to the publication of the "Transactions," will find it in the *New England Medical Gazette* for July.

The PRESIDENT then appointed the following Committees:

Committee on Credentials.—Drs. H. M. Smith, New York; W. M. Williamson, Philadelphia; H. B. Clark, New Bedford, Mass.; T. P. Wilson, Cleveland; R. F. Baker, Davenport, Iowa; J. P. Dake, Nashville, Tenn.; R. M. Wilkinson, Trenton, N. J.

Auditing Committee.—Drs. L. E. Ober, La Crosse, Wis.; C. B. Currier, Middlebury, Vt.; J. H. McClelland, Pittsburg, Pa.; W. E. Freeman, Wilmington, N. C.; F. Woodruff, Ann Arbor, Mich.

Report of the Committee of Publication.

Dr. R. LUDLAM, of Chicago, made the report of the Committee. He stated that the volume of "Transactions" was nearly one-half completed at the time of the great Chicago fire, which destroyed the forms. Fortunately the "copy," which had been consigned to a waste basket, was saved, and work was again resumed on it as speedily as possible, and hurried on until last Thursday when it was completed. Four hundred copies were at once shipped to Washington, and he expected them in time to be delivered to members. Had it not been for the fire, Dr. Ludlam stated, the volume would have been ready for distribution by January 1st, 1872.

It was moved and carried that while the Auditing Committee and the Committee on Credentials were preparing to report, the order of business be proceeded with.

Report of the Bureau of Materia Medica, &c.

Dr. CARROLL DUNHAM, of New York, in the absence of the chairman of the Bureau, Dr. CONRAD WESSELHOEFT, of Boston, who was detained at home in consequence of severe family affliction, presented the report and papers of the Bureau, as follows:

1. Fragmentary proving of *Actea racemosa*, by A. C. Cowperthwaite. Presented by T. Bacmeister, M.D., of Toulon, Illinois.

2. A clinical report of the action of *Ustilago maidis*. By T. Bacmeister, M.D.

3 and 4. Provings of *Ustilago maidis*. By students of the Hahnemann Medical College of Chicago. Presented by T. S. Hoyne, M.D., of

Chicago. (Catarrhal symptoms, constipation, headache, especially affection of eyes, indications of some action on the pelvic organs.)

5. Fragmentary proving of *Podophyllum peltatum*. By S. A. Moore, student of Hahnemann Medical College of Chicago. (Corroborating symptoms of alimentary canal already known.)

6. Study of *Hepar sulphuris calcareum*. By A. K. Hills, M.D., of New York.

7. Accidental proving of Hepar 55^m. By William Gallupe, of Bangor, Maine.

8. Electro-magnetism in relation with Homœopathy. By J. H. P. Frost, M.D., of Danville, Pa.

9. An appeal for the publication of a complete *Materia Medica*, similar to that now being prepared and published by Dr. Hering. By William E. Payne, M.D., of Bath, Maine. Accompanied by a resolution offered by J. B. Bell, M.D., and adopted by the Maine Homœopathic Medical Society.

10. Certain admissible generalizations in the study of *Materia Medica*. By Carroll Dunham, M.D., of New York.

11. Report on resolutions concerning Alcoholic Beverages. Presented at the last meeting by Dr. A. S. Ball, of New York.

12. Resolution instructing the Bureau to consider and report, at the next meeting, a plan for the more thorough and proper proving of remedies, aided by all the lights of modern science. By J. P. Dake, M.D.

The resolution offered by Dr. Dake was adopted, as follows:

"*Resolved*, That the Bureau of *Materia Medica* be instructed to consider, and submit at the next meeting of the Institute, a plan for the more thorough and proper proving of remedies and notation of symptoms, for use under the homœopathic law; such as shall exhibit the comparative value of the various symptoms elicited, as well as their full range in the male and female organisms, observed by all the improved means and tests of modern science."

The paper by Dr. WM. E. PAYNE was then read by Dr. Dunham, together with the resolution of Dr. J. B. Bell. This resolution was as follows:

"*Resolved*, That in the opinion of this Society, there should be an immediate publication of a *full and complete homœopathic Materia Medica*; and that such a one will meet the active encouragement of this Society and the profession; and that Dr. Payne be requested to forward a copy of this resolution to the American Institute of Homœopathy, with the appeal which he is about to make to that body."

The resolution, together with Dr. Payne's paper, was, on motion of Dr. S. S. Guy, referred to the Bureau of *Materia Medica*, with instructions to consider and report a plan of action for the Institute at the present session.

Dr. KIMBALL, of Sackett's Harbor, N. Y., inquired whether, in the proving of the *Ustilago maidis* as reported, reference had been made to the species of corn from which it had been taken. The question sug-

gested itself whether there might not be a difference in the properties of the drug as taken from different varieties of corn.

Dr. DUNHAM replied that no such mention had been made. He thought that no proving should be published by the Bureau of *Materia Medica*, when the source from which the drug was obtained and the manner in which the preparation used was made, is not stated.

Dr. DUNHAM then read the resolutions on the use of alcoholic stimulants, offered by Dr. A. S. Ball, of New York, at the Philadelphia meeting (*Transactions*, 1871, p. 63), and which were referred to the Bureau of *Materia Medica*, to be reported on at the present session. This was followed by the report of the Bureau on these resolutions, to the effect that they are objectionable, inasmuch as they assume, in the name of the Institute, to decide indirectly physiological questions bearing upon the mode of action and disposition of alcohol in the human system, upon which physiologists are not yet agreed; and because they charge a great body of medical men with carelessness and want of discrimination in its use; and the Bureau offered, as a substitute for the resolutions offered by Dr. Ball, the following:

“In view of the great prevalence of intemperance in the use of alcohol, and of its disastrous effects upon the individual and the community, the American Institute of Homœopathy declares that no medical practitioner should prescribe alcohol without a grave sense of responsibility; that alcohol, in whatever form, should be prescribed with as much care as any powerful drug, and that the directions for its use should be so framed as not to be interpreted as a sanction for excess, or for the continuance of its use, when the occasion which induced the prescription shall have passed.”

This gave rise to a heated and lengthy discussion, *pro* and *con*. An attempt was made to have the original resolutions of Dr. Ball adopted, as a substitute for the report of the Bureau, but finally the report of the Bureau was adopted.

The paper of Dr. A. K. HILLS, of New York—a study of Hepar sulph. calc—gave rise to considerable discussion. It was inquired whether the author was a young man, or a man of considerable experience. It was thought by some that the value of the paper would depend greatly on the amount of experience of the writer, whereas others thought that the paper should be judged on its merits alone, and not on account of the age of its author. Finally, the paper was accepted, and referred to the Committee of Publication.

Dr. FROST's paper on Electro-magnetism in its relation to Homœopathy, being lengthy, and not having been examined by the Chairman of the Bureau, was laid on the table, to be called up at a future session.

Dr. DUNHAM's paper was read, accepted, and referred to the Committee of Publication.

The balance of the papers of this Bureau were read by title, and referred to the Committee of Publication.

It having been announced that the hall could not be had for an even-

ing session, owing to a misunderstanding, and that parties were waiting to decorate the rooms for the Law Association's meeting in the evening, the Institute continued in session beyond the appointed hour of adjournment. The report and papers of the

Bureau of Clinical Medicine

were thereupon announced by S. M. Cate, M. D., Chairman of the Bureau as follows:

1. Typhoid Fever, by S. M. Cate, M. D., Salem, Massachusetts.
2. Meningitis Cerebro-Spinalis, by S. Lilienthal, M. D., New York.
3. Ulceration of the Stomach, by A. K. Hills, M. D., New York.
4. Puerperal Mania, by J. C. Burgher, M. D., Pittsburg, Pa.
5. Cerebral Congestion, by Geo. S. Norton, M. D., New York.
6. Clinical Report, by A. Berghaus, M. D., New York.
7. A Case of Inguinal Hernia, by S. H. Worcester, M. D., Salem, Massachusetts.
8. The Practical Results of Homœopathic Treatment, by E. M. Kellogg, M. D., New York.
9. Clinical Report, by Wm. Gallupe, M. D., Bangor, Maine.
10. Hints for the Propagation of Cow-pox Virus, by B. W. James, M. D., Philadelphia.
11. Radical Cure of Colic from Gall-stone and other Causes, by David Thayer, M. D., Boston, Massachusetts.

The papers of Drs. Hills, Burgher, Norton, Berghaus, and Gallupe, were read by title, and referred to the Committee on Publication.

Dr. CATE then proceeded to read his paper on Typhoid Fever, when at the expiration of the fifteen minutes allowed for reading a paper, it was referred to the Committee of Publication.

A paper by Dr. O. P. BAER, on Puerperal Convulsions, reported by this Bureau, was by unanimous consent transferred to the Bureau of Obstetrics.

Dr. THAYER's paper on the Radical Cure of Colic, being called for, was read by that gentleman, and received with applause.

Dr. THAYER, in response to inquiries, said that he gave China only in periodically recurring colics, and to prevent their recurrence; that the paroxysms when on should be treated by other means.

Dr. D. H. BECKWITH objected to the paper because, in the first place, it states that biliary calculi are removed by attenuated doses of China. Biliary calculi are deposited within the biliary ducts, and so firmly impacted there that no attenuated dose could have any effect upon them, and the only remedies that could relieve the attacks produced thereby, are ether or chloroform by inhalation. Hence the cases reputed as cures of colic from biliary calculi, were simply cases of colic without regard to that pathological condition. We should condemn and discard the old notion that Homœopaths can prescribe by the symptoms alone without reference to the pathological conditions that exist at the time. Secondly,

epistaxis has no relation whatever with the existence of biliary calculi, nor does epistaxis, or degeneration of the red corpuscles of the blood, give rise to the formation of biliary calculi. Thirdly, there is another remedy mentioned besides China, and it is not made clear which of these had effect.

Dr. THAYER replied that he said distinctly that he did not consider that gall-stones existed in all the cases reported. He had supposed for years that the presence of these calculi was the cause of these periodically recurring colics, but we do not find the calculi discharged in all these cases. He did not depend on China to remove the paroxysms of colic, but to prevent their recurrence. The gall-bladder has great power to expel calculi of great size. He had found calculi in the gall-bladder of persons who had not died of biliary colic. Had found one of enormous size in a woman who had been murdered. In answer to Dr. Beckwith's charge that China could not do what he claimed for it, he said he had had too many cases cured to doubt it. China has a specific effect upon the gall-bladder, and it was his opinion that if small calculi existed in the gall-bladder, the use of China secured their discharge before they became large enough to cause pain. That he regarded as the rationale of the curative action of China in these cases.

Dr. N. R. MORSE related a case of severe biliary colic, which was finally cured by China, after a terrible paroxysm.

The Institute then adjourned at three o'clock, to meet the next morning.

President Grant's Reception.

On Wednesday morning, at 9 45 o'clock, the members of the Institute, and ladies, assembled at the Arlington Hotel, and from thence proceeded to the White House. They were ushered into the East Room to await the coming of the President, who shortly made his appearance.

Dr. VERDI introduced Dr. Talbot to the President, whom Dr. Talbot addressed as follows:

MR. PRESIDENT: We have assembled in this city from the different parts of the Union, and we pay our respects to you as members of the American Institute of Homœopathy. We represent a large class in the medical profession and in the community, who deem the practice of medicine in accordance with the homœopathic law, a great advance in the healing art. We have a small but steadily increasing number, and under your administration we have received the first recognition of our equal professional rights. For these and many other acts of courtesy and justice we, alike as physicians and citizens, tender to you our heartfelt thanks.

PRESIDENT GRANT replied as follows:

I am very thankful to you for your kindness, and also to all the members of your profession. Of course I cannot decide about medical theories, but recognize the fact that, in a Republican Government, every theory has a right to a fair examination, and that we may learn more in the future and may find something that is better than that which we have had in the past. I return thanks for this visit.

The visitors then availed themselves of the opportunity to shake hands with the President, and afterwards of strolling through the mansion and grounds.

SECOND DAY'S PROCEEDINGS.

Morning Session.

The Institute was called to order at 11.30 A.M., after the President's levee, Dr. I. T. Talbot occupying the chair.

Dr. DUDLEY moved, and it was carried, that the regular order of business be suspended to hear a report from the

Committee on International Homœopathic Congress.

For the benefit of our readers, and for their future reference, we will give in this place a brief statement of all that was done during the session looking towards the carrying out of this most important contemplated meeting of homœopaths of all nationalities.

The World's Homœopathic Convention.

During the session of the American Institute of Homœopathy in Philadelphia, in June, 1871, a movement was inaugurated looking to the holding of a convention of homœopathic physicians from all parts of the world in 1876—the occasion of our National Centennial. This movement took shape in a communication addressed to the Institute, recommending the appointment of a committee “to consider the subject of a proposed *International Homœopathic Congress*, to be held in Philadelphia in the year 1876,” said committee to report at the next session of the Institute. This recommendation was unanimously adopted, and the gentlemen who had signed the communication were constituted the committee. They are as follows: Drs. C. Hering, Carroll Dunham, R. J. McClatchey, W. T. Helmuth, B. W. James, I. T. Talbot, W. M. Williamson, T. F. Allen, T. S. Verdi, R. Ludlam, Pemberton Dudley, E. M. Kellogg, H. N. Guernsey, H. M. Smith, S. R. Beckwith, T. C. Duncan.

The members of this committee, scattered over a large portion of the Union, immediately engaged in an active correspondence, and when the committee met at Dr. Hering's residence in September, 1871, the views and suggestions of every member, whether present or absent, were laid before the committee. The importance and magnitude of the work to be performed prior to the assembling of the convention appeared so great, that it was deemed best that this committee should not enter into any details respecting it, but should simply indicate to the Institute a *method* by which this work could be most carefully and successfully planned and executed. Moreover, it seemed eminently proper that, in the adoption and carrying out of any plan, every part of the United States should be *equally* represented; whereas, in the present committee, a large majority were from the states of New York and Pennsylvania.

Still further, it appeared advisable that, at the very outset, the active co-operation of all the homœopathic physicians of our own country, whether members of the Institute or not, and of all homœopathic societies and institutions, should be secured. The above objects were kept steadily in view in the preparation of the report and recommendations of the committee. The report, after stating in general terms the importance that must attach to such a gathering of medical men, as the one proposed and recommended, and the value of the work which might, by their joint efforts, be accomplished, approves of the time and place selected for the convention as being peculiarly appropriate. The recommendations of the committee are presented in the form of resolutions, as follows:

Resolved, That under the auspices and by the authority of the American Institute of Homœopathy, a convention of the homœopathic physicians of all countries, to be called "The World's Homœopathic Convention," be held in Philadelphia in 1876, on the occasion of the celebration of the centennial anniversary of American independence, and that the Institute hereby invites the co-operation of all homœopathic societies, institutions, and physicians of the United States.

Resolved, That at the present session of the Institute there be appointed by the President a Committee of Arrangements, to consist of one member from each state represented in the membership of the Institute, and that the committee thus appointed may appoint one additional member from the physicians of each state represented, and that the President appoint seven additional members from the city of Philadelphia, who shall constitute an Executive Committee, to attend to local details, under the direction and subject to the approval of the Committee of Arrangements. The Committee of Arrangements shall have full power to adopt and execute all measures which they may deem necessary for organizing the convention, determining the nature and order of the proceedings, and securing from it the best results for the cause of homœopathy. It shall present a full report of its proceedings at each annual session of the Institute.

The report and resolutions were presented to the Institute on Wednesday morning, May 22d, under a suspension of the order of business, and were concurred in without dissent. At the evening session of the same day, the President announced the following as the "Committee of Arrangements," provided for in the resolutions:

Maine, William E. Payne; New Hampshire, J. H. Gallinger; Vermont, G. N. Brigham; Massachusetts, I. T. Talbot; Rhode Island, J. C. Budlong; Connecticut, G. H. Wilson; New York, Carroll Dunham; New Jersey, J. J. Youlin; Pennsylvania, J. C. Burgher; Delaware, A. Negendank; Maryland, F. R. McManus; District of Columbia, T. S. Verdi; Virginia, J. V. Hobson; North Carolina, W. E. Freeman; Georgia, F. H. Ormes; Louisiana, W. H. Holcombe; Arkansas, A. Walker; Tennessee, J. P. Dake; Kentucky, W. H. Hunt; Missouri, T. G. Comstock; Ohio, S. R. Beckwith; Indiana, O. P. Baer; Illinois, R. Ludlam; Michigan, F. Woodruff; Wisconsin, L. E. Ober; Iowa, G. N. Seidlitz; Minnesota, J. F. Alley; Nebraska, W. H. A. Sisson; Kansas, S. K. Huson; California, G. W. Barnes; Nevada, E. A. Wild.

Also, the following additional members from Philadelphia: C. Hering, R. J. McClatchey, B. W. James, W. M. Williamson, H. N. Guernsey, Pemberton Dudley, F. E. Boericke.

The following is a transcript of the proceedings of the Committee of Arrangements, since its appointment.

LINCOLN HALL, WASHINGTON, D. C.

THURSDAY, May 23d, 1872.

The Committee of Arrangements and Executive Committee of the World's Homœopathic Convention, appointed yesterday by the American Institute of Homœopathy, met at the close of to-day's session of the Institute. Present, Drs. Baer, Beckwith, Burgher, Dake, Dudley, Dunham, James, McClatchey, Ober, Seidlitz, Talbot, Williamson, Woodruff, Youlin—14.

On motion, Dr. Beckwith was called to the chair, and Dr. Dudley was appointed Secretary.

The Secretary read the list of members of the committee, after which a permanent organization of the committee was effected by the election of

Dr. Carroll Dunham, of New York, Chairman; Dr. Pemberton Dudley, of Philadelphia, Secretary; Dr. Walter M. Williamson, of Philadelphia, Treasurer.

The following gentlemen were nominated as additional members of the committee, from the states named, as authorized by the resolutions under which the committee was constituted.

Ohio,	Dr. N. Schneider, . . .	Cleveland.
New Jersey, . . .	" F. B. Mandeville, . .	Newark.
Iowa,	" W. F. Dickerson, . .	Des Moines.
Indiana,	" Wm. Eggert, . . .	Indianapolis.
Pennsylvania, . .	" Jas. B. Wood, . . .	West Chester.
Tennessee, . . .	" L. D. Morse, . . .	Memphis.
Wisconsin, . . .	" T. F. Patchen, . . .	Fond du Lac.
Michigan, . . .	" J. G. Malcolm, . . .	Flint.
Kentucky, . . .	" W. E. Breyfogle, . .	Louisville.
Maine,	" Jas. B. Bell, . . .	Augusta.

The above nominations were then unanimously confirmed by vote of the committee.

It was moved that the members from the remaining states represented in the committee, be authorized to nominate each an additional member from among the homœopathic physicians of his own state; and that the Chairman be empowered to confirm said nominations. Unanimously agreed to.

Dr. Williamson then made a motion, which was adopted, that Drs. Dunham, Talbot, and Beckwith, be a committee, to recommend a plan

of operations, including a method of raising funds to meet the necessary expenses of the Committee of Arrangements, and report before the close of the present session of the Institute.

On motion, of Dr. Talbot, the Secretary was instructed to notify the absent members of their election, to request them to nominate additional members as provided for at this meeting, and also to urge their hearty co-operation, and secure from them suggestions respecting the work of the committee.

The committee then adjourned to meet at the Arlington Hotel this evening at 7 o'clock, to hear the report of the sub-committee.

PEMBERTON DUDLEY, M.D.,
Secretary.

LINCOLN HALL, WASHINGTON, D. C.

FRIDAY MORNING, May 24th, 1872.

The committee having had no session last evening, pursuant to adjournment, owing to other engagements, met this morning at the call of the Chairman. Present: Drs. Dunham, Beckwith, Youlin, McManus, Baer, Talbot, Seidlitz, Ludlam, Schneider, Williamson, McClatchey, James, Dudley—13.

The sub-committee appointed to prepare a plan for carrying out the objects of the committee and for raising funds, made a verbal report, recommending that a circular be issued, and subscriptions solicited from physicians; the work to be in charge of the different members of the committee, each operating in his own state. And further, that the Institute be asked to appropriate one hundred dollars to meet the immediate expenses of the committee.

The sub-committee also recommended that in preparing the business of the convention, the committee should impose a limit restricting it to the subjects of *Materia Medica*, *Clinical Medicine*, and *Surgical and Obstetrical Therapeutics*, and excluding *Physiology*, *Hygiene*, *Chemistry*, *Operative Surgery*, *Mechanical Obstetrics*, and other subjects not directly related to the science of homœopathy.

The recommendations of the sub-committee, on motion of Dr. Youlin, were all adopted, and the sub-committee discharged.

Dr. Beckwith moved, and it was carried, that the Chairman and Secretary be instructed to prepare a circular, as recommended by the sub-committee, and transmit copies to the other members for amendment or approval.

A motion was adopted that a Finance Committee be appointed to take in charge and carry out the plan for the collection of funds, and to assist the Treasurer. Drs. Dunham, Beckwith, Talbot, McManus, and Ludlam, were appointed said committee.

On motion, it was ordered that the Treasurer be required to give bonds in a sum exceeding by one-third the amount of funds in his custody.

Dr. McClatchey said that he desired to have it go upon record, that

the Philadelphia members of the committee—and he spoke on behalf of all of them—had no desire to be considered in any other light than as the servants of the National Committee, ready to do the bidding of that committee, and to labor in any and all ways under its direction to make the World's Homœopathic Convention a successful event, and an honor to Homœopathy, but having no desire or intention to exert any undue influence in the councils of the committee.

On motion, the Chairman was empowered to audit and correct, if necessary, the minutes of the present meeting.

The committee then adjourned.

PEMBERTON DUDLEY, M.D.,
Secretary.

Report of the Board of Censors—New Members Admitted.

At this juncture the Board of Censors reported favorably the names of a number of applicants for membership, to which we have added those of others subsequently reported favorably during the session, with the year of graduation of each, and the medical college graduated at. They were unanimously elected to membership, and will be full members and will be published as such in the Transactions, upon payment to the Treasurer of the initiation and annual fees.

- Abercrombie, Wm. H., M.D., Jersey City, N. J.—N. Y. Hom. Med. Coll., 1872.
 Allen, Henry C., M.D., Brantford, Ontario.—Cleveland Hom. Med. Coll., 1860.
 Austin, Jas. H., M.D., Bristol, Conn.—Berkshire Med. Coll., 1847.
 Baker, Mary G., M.D., Worcester, Mass.—New England Female Med. Coll., 1862.
 Berghaus, Alex., M.D., 49 West 24th St., New York, N. Y.—Univ. of N. Y., 1870.
 Bender, Prosper, M.D., Quebec, D. of C.—McGill Univ. Coll., Montreal, 1865, &c.
 Benham, F. A., M.D., Bronson, Mich.—Hah. Med. Coll. of Chicago, 1866.
 Bossert, Charles, M.D., New York, N. Y.—N. Y. Hom. Med. Coll., 1872.
 Bronson, Miles H., M.D., Lowville, N. Y.—Hom. Med. Coll. of Penna., 1861.
 Brooks, Chas. G., M.D., East Boston, Mass.—Harvard Med. Coll., 1871.
 Brown, William, M.D., Philad'a, Penna.—Hom. Med. Coll. of Penn'a., 1852.
 Brown, Samuel, M.D., Philad'a., Penna.—Hom. Med. Coll. of Penn'a., 1858.
 Clark, J. J., M.D., Washington, D. C.—N. Y. Hom. Med. Coll., 1869.
 Crater, Henry, M.D., Somerville, N. J.—Hah. Med. Coll. of Philad'a., 1872.
 Crowel, Lewis C., M.D., Syracuse, N. Y.—Cleveland Hom. Med. Coll., 1872.
 Cook, Susan S., M.D., Buffalo, N. Y.—Cleveland Hom. Med. Coll., 1861.
 Dake, William C., M.D., Nashville, Tenn.—University of Nashville, 1872.
 De Bann, Alice, M.D., Providence, R. I.—Eclectic Coll. of N. Y., 1872.
 Doughty, Francis E., M.D., New York, N. Y.—Coll. of Physicians and Surgeons, N. Y., 1859.
 Edson, Susan A., M.D., Washington, D. C.—Cleveland Hom. Med. Coll., 1854.
 Esten, John, M.D., San Francisco, Cal.—Cincinnati Eclectic Med. Coll., 1854.
 Everett, Mary H., M.D., New York, N. Y.—N. Y. Coll. for Women, 1870.
 Farrington, E. A., M.D., Philad'a., Penn'a.—Hah. Med. Coll. of Philad'a., 1868.
 Frye, Moses M., M.D., New York, N. Y.—Hah. Med. Coll. of Philad'a., 1870.
 Gilchrist, J. G., M.D., Tidioute, Penn'a.—Hom. Med. Coll. of Penn'a.

- Goucher, E. T., M.D., Alliance, Ohio.—Cleveland Hom. Med. Coll., 1872.
- Griswold, W. N., M.D., San Francisco, Cal.—Castleton Med. Coll., Vt., 1859
- Gross, Maria M., M.D., Chicago, Ill.—Cleveland Hom. Med. Coll., 1859.
- Haines, Jas. W., M.D., Waynesville, Ohio.—Hah. Med. Coll. of Chicago, 1871.
- Hutchins, H. S., M.D., Batavia, N. Y.—N. Y. Hom. Med. Coll., 1860.
- Kennedy, J. C., M.D., Pittsburg, Penn'a.—Hah. Med. Coll. of Philad'a., 1871.
- Lawton, Chas. H., M.D., Wilmington, Del.—Hah. Med. Coll. of Philad'a., 1871.
- Liggett, S. S., M.D., Sandusky City, Ohio.—Jefferson Med. Coll., Philad'a., 1870; Cleveland Hom. Med. Coll., 1871.
- Lodge, Edwin, Jr., M.D., Detroit, Mich.—N. Y. Hom. Med. Coll., 1872.
- Logee, H. Frank, M.D., Keokuk, Iowa.—Cleveland Hom. Med. Coll., 1860.
- Lukens, Isaiah, M.D., Wilmington, Del.—Univ. of Penn'a., 1847.
- Manson, Chas. A., M.D., Springfield, Mass.—Burlington Med. Coll.
- Massey, J. B., M.D., Sandusky City, Ohio.—Univ. of N. Y., 1848.
- Morse, Lucius D., M.D., Memphis, Tenn.—Hah. Med. Coll. of Philad'a., 1872.
- Morgan, Laura, M.D., Bridgeport, Conn.—Woman's Med. Coll. of N. Y., 1870.
- McNeil, C. Holmes, M.D., Jersey City, N. J.—N. Y. Hom. Med. Coll., 1872.
- Newell, Wm. H., M.D., Jersey City, N. J.—Univ. of Penn'a., 1869.
- Nichol, Thomas, M.D., Montreal, D. of C.—Hom. Med. Coll. of Penn'a., 1857.
- Norton, Geo. S., M.D., New York, N. Y.—N. Y. Hom. Med. Coll., 1872.
- Ockford Geo. M., M.D., Hackensack, N. J.—Cleveland Hom. Med. Coll., 1872.
- Owen, Ira C., M.D., Sherburne, N. Y.—Board of Regents of N. Y., 1869.
- Owens, Jas. B., M.D., Lebanon, Ohio.—Hom. Med. Coll. of Penn'a., 1866.
- Peer, Geo. W., M.D., Rochester, N. Y.—Univ. of N. Y., 1848.
- Pettingill, Eliza F., M.D., Philad'a., Penn'a.—Woman's Med. Coll. of Philad'a., 1866; Penn Med. Univ., 1867.
- Quick, Theodore, M.D., New York, N. Y.—Hom. Med. Coll. of Penn'a., 1855.
- Richardson, B. M., M.D., 127 Noble St., Brooklyn, N. Y.—N. Y. Hom. Med. Coll., 1865.
- Roseberry, Chas. J., M.D., Easton, Penn'a.—N. Y. Hom. Med. Coll., 1862.
- Robinson, Henry D., M.D., New Brunswick, N. J.—N. Y. College, (?)
- Robinson, J. Blake, M.D., New York, N. Y.—N. Y. Hom. Med. Coll., 1869.
- Rowsey, Wm. Thos., M.D., Toledo, Ohio.—Cleveland Hom. Med. Coll., 1862.
- Safford, Mary J., M.D., Chicago, Ill.—N. Y. Hom. Med. Coll., 1869.
- Scott, Chester W., M.D., Lawrence, Mass.—Hom. Med. Coll. of Penn'a., 1854.
- Scott, Emma, M.D., Brooklyn, N. Y.—N. Y. Coll. for Women, 1872
- Smith, Josephine S., M.D., New York, N. Y.—N. Y. Med. Coll. for Women, 1871.
- Spooner, Geo. R., M.D., Ware, Mass.—Hah. Med. Coll. of Philad'a., 1870.
- Talmage, John F., M.D., 155 Joralemon St., Brooklyn, N. Y.—Univ. of N. Y., 1859.
- Tibbles, Geo. N., M.D., Jersey City, N. J.—N. Y. Hom. Med. Coll., 1867.
- Terry, J. Antonio, M.D., New York, N. Y.—Hah. Med. Coll. of Philad'a., 1869.
- Walter, Ziba D., M.D., Marietta, Ohio.—Hom. Med. Coll. of Penn'a., 1866.
- Ward, Jas. H., M.D., Brooklyn, N. Y.—Univ. of N. Y., 1850.
- Warren, John K., M.D., Palmer, Mass.—N. Y. Hom. Med. Coll., 1870.
- Williamson, Matthew S., M.D., Philad'a., Penn'a.—Hah. Med. Coll. of Philad'a., 1872.
- Winslow, Caroline B., M.D., Washington, D. C.—Cleveland Hom. Med. Coll., 1856.
- Worcester, Samuel, M.D., Burlington, Vt.—Harvard Med. Coll., 1868.

Letters of resignation of Drs. Jacob Beakley, of New York, and G. D. W. Beebe, of Chicago, were read by the Secretary. These resignations were accepted with the proviso that the dues of the gentlemen resigning had been paid.

The President read a telegram received by him from the West, as follows:

CHICAGO, May 22d, 1872.

To I. T. TALBOT, M.D., &c.

Fraternal greetings from the West, Homœopathy, Scientific Medicine, Excelsior.

Signed, T. C. DUNCAN, M.D.,
Secretary Illinois Homœopathic Medical Association.

Dr. S. M. CATE then proceeded with the report of the

Bureau of Clinical Medicine,

Which had been interrupted by adjournment on the previous day. Dr. Cate then proceeded to read a portion of the paper on "Meningitis Cerebro-Spinalis," by Dr. S. Lilienthal, of New York, who was absent. The paper gave rise to some discussion.

Dr. O. P. BAER, of Richmond, Indiana, being under the impression that Dr. L. had called the disease he described cerebro-spinal meningitis, objected to it as an improper term, because of its being part Latin and part English; and again, because it did not describe the pathological condition properly, which the name of a disease should do. We call this, he said, cerebro-spinal meningitis, by which we pretend to mean an inflammatory condition of the meninges of the spinal cord and brain. I have treated quite a number of cases of this disease during various epidemics. One, that of a washerwoman, I found lying prostrated upon the floor. She was naturally a robust person, but I found her in a perfectly atonic condition. I applied electricity, and in the course of an hour a tonic spasm came on, and she finally recovered. She was covered throughout with petechiæ or ecchymosed spots, as you choose to call them. I looked upon the case as petechial typhus, although it was called cerebro-spinal meningitis. In these cases there is absolute depression of the vital forces; the pulse very seldom runs up, sometimes goes as low as 60, is sometimes entirely indistinguishable, and you can find no pulse even up to the elbow; in fact there is an entire absence of the signs that would indicate an *inflammatory* condition. The patient is evidently in a state of collapse, a state of complete prostration; and under such circumstances to call the disease meningitis, seems to me simply ridiculous. It looks to me more like a typhus I have seen in the old country, and which was called petechial typhus. I think if we take this view of the case we are more likely to succeed in our treatment. *Arsenicum* is the remedy if cases break out with reddish petechiæ. If they have peculiar purple spots, I invariably give *Rhus tox.* and *Arsenicum*, and the disease runs but a few hours. I have had from eight to ten cases per day at a

time. They are taken down suddenly, and have hardly time to say their prayers, many of them becoming insensible in a few moments. To call such a condition cerebro-spinal meningitis seems to me improper. I cannot see the picture of the disease represented in that name, while in petechial typhus I can.

Dr. S. LUNGREN, of Toledo, O., asked Dr. Baer whether he had made any post-mortem examinations of these cases. If he had not, he is not competent to describe the pathological conditions that existed in them. He (Dr. L.) had made post-mortem examinations in two of these cases within six weeks, and the pathological changes were found in the meninges of the brain and spinal cord. One of these cases examined was taken quite as quickly as that described by Dr. Baer; taken down at once with vomiting, great prostration, insensibility, and yet the meninges alone were involved. Another case lived twenty-two days. A deposition like tubercular matter was found upon the cerebral membranes, with effusion, and staining of the membranes. The first-mentioned case died within forty-two hours from its commencement. The substance proper of the brain was not involved, but there was undoubted inflammation of the meninges of the brain and spinal cord, and he did not see why the term which expressed that condition, *meningitis cerebro-spinalis*, should be called incorrect.

Dr. H. N. MARTIN, of Philadelphia, described some of the cases occurring in the recent epidemic of small-pox in Philadelphia, as exhibiting many of the symptoms attributed to spotted fever, and stated that some physicians had thus designated these cases, while others had regarded them, and had reported them to the authorities, as cases of small-pox.

Dr. BAER said that his remarks were not intended to show that the meninges were not affected, but that their condition was not an inflammatory one. Instead of there being the hard, tense, forcible, and frequent pulse of inflammation in these cases, we find that it runs below the healthy standard, becomes compressible, irregular, and intermittent, and there is no reaction from this condition. I think it reasonable to infer that there is no inflammatory action from these signs, let the pathological condition be what it may. There may subsequently be effusion from other parts; but we would not infer from the perfect absence of all orgasm of the circulation that inflammation existed. The malarial or miasmatic condition does not so much induce inflammatory action as absolute depression of the vital forces, and you may properly call the condition one of collapse of the whole system.

Dr. RICHARD LEWIS, of Philadelphia, related several cases, showing how rapidly and suddenly fatal were some of the cases of small-pox occurring in Philadelphia.

Dr. J. J. DETWILER, of Easton, Pa., said he supposed there were some features of *meningitis cerebro-spinalis* that were peculiar to each region of country in which it became epidemic. It is an inflammatory action localizing itself upon the meninges of the brain and spinal cord, and

according to the degree of this inflammatory action, so will the depression be. If the inflammatory action be very intense it stands to reason that the corresponding depression will be very great, and we will have coldness of the surface, even a complete disappearance of the pulse, and other symptoms of collapse. If, on the other hand, the inflammatory action be not so intense, it stands to reason that the inflammatory symptoms are again manifested externally, and we have very rapid pulse, hot skin, and very rapid breathing, amounting to panting. Dr. Detwiler then related the case of his little boy who had the disease during the last epidemic of the disease occurring in Easton. He stated that the homœopathic treatment of the disease had been vastly superior to the allopathic treatment, as exhibited in the comparative results.

Dr. A. E. SMALL drew the lines of differential diagnosis between variola and meningitis cerebro-spinalis, insisting that it was of great importance that a correct diagnosis should be made out, as in other cases, as correct treatment would depend to a very large extent upon a knowledge of the exact pathological conditions; a different line of remedies being indicated in the one case and in the other.

The paper of Dr. Lilienthal was accepted, and referred to the Committee of Publication.

Dr. E. M. KELLOGG, of New York, then read an exceedingly interesting and practical paper, being a practical exemplification of the superior results obtained by homœopathic over allopathic medication, as deduced from the records of the Board of Health of New York City, which exhibited the ratio of mortality of private homœopathic as compared with private allopathic practice by the physicians of that city. The summing up of this paper, which is an unanswerable argument in favor of homœopathy, is as follows:

Comparative Mortality under Homœopathic and Allopathic Practice.

"I find then, that the deaths in New York City, during the past two years, amount, in private practice, to 39,634. Classifying this mortality according to the kind of practice employed in each case, I find that 30,395 persons died under the care of the so-called 'Regulars' or Allopathic physicians in acknowledged good standing; that 2530 died under the care of Homœopathic physicians, and that the balance, 6709, died under the care of practitioners, who, with the sole exception of the 'Eclectics' (who are very few in number), belong to no medical society, and cannot, therefore, be readily classified. These latter include the druggists and quacks of all kinds, who flourish wherever the professional barriers are so completely thrown down as they are in this state, where the law allows any one to practice medicine.

"To compare, then, the Allopathic and Homœopathic mortality intelligently, I ascertained the numbers of the practitioners of the two rival systems, and this is the result:

984 ALLOPATHIC PHYSICIANS LOST 30,395 CASES.

156 HOMŒOPATHIC " " 2,530 "

averaging 30.89 deaths to every Allopath, and 16.22 deaths to every Homœopath, practicing in New York City during the past two years!

"In other words, *the mortality under Homœopathic treatment is, proportionally, only 53 per cent. of the mortality under Allopathic treatment*, where the physicians of the two schools have been practicing side by side."

Dr. Kellogg's paper was accepted, with the thanks of the Institute, and appropriately referred.

Dr. BUSHROD W. JAMES then presented a synopsis of a very interesting paper, on the "Method of Propagating Cow-pox Virus," being the results of his experience in the difficult task of procuring a reliable article for vaccinating purposes. The paper gave an account of his efforts to obtain information on the subject, and his failure to do so, his procurement of well-authenticated cow-pox virus, and its transmission through a number of heifers purchased by him for the purpose, and the results of vaccinations made from the matter thus obtained.

Dr. S. R. BECKWITH objected to the paper on the ground that it was not shown that the matter originally used by Dr. James was cow-pox virus, and doubted that a case of spontaneous cow-pox had ever been discovered, about the genuineness of which there could be no doubt. He argued in favor of inoculation with variolous matter, and said, "there is no indisputable evidence of any material of any kind having prophylactic power against small-pox ever having originated spontaneously in any animal, either human or otherwise."

Dr. HILLER, of San Francisco, argued against vaccination in any shape, and called it a "monster."

The subject was further debated by other gentlemen, and finally the paper of Dr. James was accepted, and laid on the table.

Dr. WORCESTER's paper on the "Cure of Inguinal Hernia," was read by title, and referred to the Committee of Publication.

Dr. J. P. DAKE, then introduced the following resolution, which was unanimously adopted :

More Work for the Signal Corps.

Resolved, That while in common with all scientific bodies interested in the gathering and diffusion of knowledge useful to mankind, we heartily express our thanks to Congress, for devising, and to the signal service of the army for carrying into execution, the simultaneous observance of certain atmospheric conditions and changes in the different parts of our country, as a basis for a rational philosophy of the weather, and a successful mode of predicting storms for the protection of commerce and agriculture, we do most earnestly desire and ask for an extension of the scope and means of observation, so as to note also the electrical state of the atmosphere, together with the prevalence of epidemics and contagions in various places and at different times, that we may the better understand their causes and anticipate their dreaded coming.

Dr. R. LUDLAM, of Chicago, Chairman of the Bureau, then presented the papers in possession of the

Bureau of Obstetrics and Diseases of Women and Children.

1. Uremic Convulsions and Catalepsy, by O. B. Gause, M.D., of Philadelphia.

2. Auxiliary Treatment of Uterine Hemorrhage, by J. H. Woodbury, M.D., of Boston.
3. A Case of Puerperal Convulsions, by R. B. Rush, M.D., of Salem, Ohio.
4. Corroding Ulcer of the Womb, by S. S. Lungren, M.D., of Toledo, Ohio.
5. Uterine and Ovarian Tumors, by A. B. Smith, M.D., of Geneva, New York.
6. Puerperal Convulsions, by O. P. Baer, M.D., of Richmond, Indiana.
7. Puerperal Mania, by J. C. Burgher, M.D., of Pittsburg, Penna.
8. Inversion of the Uterus, by A. R. Thomas, M.D., of Philadelphia.
9. Retroversion of the Uterus in a girl, eleven years old, by H. N. Martin, M.D., of Philadelphia.

Dr. Burgher's paper was read by title, and referred to the Committee of Publication.

The Institute then adjourned to meet at eight o'clock.

Excursion on the Potomac.

At 4 o'clock P.M., the members of the Institute and ladies embarked on the steamboat *Lady of the Lake*, for a sail on the broad Potomac and visit to Mount Vernon. This trip had been looked forward to by many with anticipations of great pleasure, but the lowering appearance of the sky indicated that a storm would most likely mar the pleasures of the occasion. And this proved to be more than a threat, for just as Mount Vernon was being approached, the storm broke with great fury and a deluging rain fell for some time. It was impossible to land at Mount Vernon, but a view of the spot was obtained as the boat slowly drifted by; the bell tolling and the band playing a solemn dirge the while. On reaching shore again, the party hied to their several hotels in a somewhat draggled condition; but those who witnessed the sight were amply repaid for the discomfort to which they had been subjected, by the appearance of a magnificent rainbow which spanned the heavens over the Capitol; that magnificent building standing out in bold relief after the rain, its dazzling whiteness in marked contrast with, and beautified by, the crown of glory that arched over its massive dome.

EVENING SESSION.

The Institute assembled at 8½ o'clock. Dr. W. M. Williamson was called to the chair, which, however, was soon taken by the Vice-President, Dr. J. J. Youlin.

The Secretary was authorized to give certificates of membership, &c., to Drs. Bumstead and De Derky, who are about to visit Europe.

At this juncture, the President, Dr. Talbot, took the chair.

Dr. WOODBURY's paper on "The Auxiliary Treatment of Uterine Hemorrhage" was then read by the author, and gave rise to considerable discussion.

Dr. GREGG, of Boston, said: I think that in some instances there is

too much reliance placed upon the use of adjuvants, to the exclusion of homœopathic remedies. We have remedies for these cases and we have auxiliaries, and no one should be censured for resorting to either. Frequently remedies alone are sufficient to suppress hemorrhage, whether uterine or otherwise. I have also found adjuvants useful. I think it is best to use homœopathic treatment alone where it can be done, but it sometimes becomes necessary to resort to other measures. I have found the application of hot water to produce very happy results. I never use cold water in any of these cases; hot water coagulates the blood, and is therefore better than cold water. Plunging a bleeding wound into hot water will stop the flow of blood more quickly than if cold water or even ice be used. Sometimes, after the removal of the placenta, very copious hemorrhage occurs; and in these cases an injection of hot water—as hot as can be borne—say of a temperature of 110° , will many times check the flow in a few moments. In hemorrhage occurring from hæmorrhoids, I invariably use a sitz bath of 105° . I make these observations as the results of my experience.

Dr. J. P. DAKE, of Nashville: I am glad to listen to the remarks of Dr. Gregg, and wish to say that the use of hot water in such cases is within the pale of the homœopathic law. I have used hot water in checking hemorrhage from the rectum, and have found it very efficient; and am now glad to hear my experience confirmed by one so long in the practice of homœopathy as Dr. Gregg. I acknowledge that I should have been afraid to resort to hot water in uterine hemorrhage, although recognizing its homœopathicity to such cases.

Dr. SWAZEY, of Springfield, Mass.: I do not think the very sensible remarks of Dr. Woodbury need any support from me; but I should like to add my testimony to his and to that of Dr. Gregg, and to encourage all to the use of what Dr. W. calls the common sense portion of practice, as applied to such cases. I think I should go still further than he has done. I never considered whether I was departing from homœopathy or not, in doing many things that occurred to me to do in emergencies. I think there is a large field for the use of mechanical appliances, as well as for means which may be called temporizing, as the use of hot water, cold water, &c. I think, however, that when we listen to such papers, we may be led to resort to these measures oftener than is absolutely necessary. For myself, I have never found occasion to use the tampon. I find it in every way sufficient to apply a firm compress to the vulva and a bandage around the hips.

Dr. DUDLEY, of Philadelphia: I suppose that when we desire to produce an astringent effect upon a bloodvessel, we may obtain it by the action of cold water; but I do not think we can long continue that effect, for the reason that cold benumbs, as it were, the nerves of the part, and relaxation, to a greater or less degree, must be the unvarying result. When we design to produce contraction of the uterine walls, we may effect it by the application of cold to the abdomen; but when we

desire to continue this contracted condition, I doubt that we can secure it by the continued application of cold to the abdomen; for, on the contrary, I am afraid the application would defeat its own purpose. The use of warm water, however, would exert a more continuous constringing effect upon either the uterine walls or the muscular coat of the blood-vessels; and, therefore, while I am not ready to say that the beneficial effect derivable from the hot or warm water is to be accounted for under the homœopathic law, the advantages of its use are such as would be well for us to avail ourselves of.

Dr. BALL, of New York, inquired of Dr. Gregg, how the hot water application operated. It was entirely new to him, and he did not know that it possessed the hæmostatic power attributed to it.

Dr. GREGG: I am not able to say that it is a homœopathic remedy, and yet I do not know that it is not. I consider that the hot water, in such cases, has a tendency to and does coagulate the blood and allow it to form a plug in the bleeding vessel. It cannot be that it acts as an astringent, but we know that hot water will coagulate blood more quickly than will cold water. The application of cold to the abdomen will undoubtedly produce muscular contraction of the uterus, but I do not think it would be continued by the continued application of cold.

A MEMBER: Will the Doctor tell us the temperature of the water used?

Dr. GREGG: From 105° to 110° F.

A MEMBER: Will the Doctor state how he uses it?

Dr. GREGG: I use it as an injection where it would be difficult to place the patient in a sitz bath; although I have taken bleeding women out of child-bed and given them a sitz bath.

Dr. BALL, of New York, related his experience in the use of adjuvants, and told how he had gradually come to resort to them. He now used injections of laudanum in dysentery, and knew that by that he could always give his patients ease, when he failed to do it with homœopathic remedies.

Dr. MERCY B. JACKSON, of Boston, said: I wish to say a few words especially with regard to the point mentioned in the paper read, in reference to hemorrhage from a retained placenta or fœtus in abortion. I think there is a general opinion amongst physicians that the retention of the placenta or fœtal mass is the *cause* of these hemorrhages. I think differently, and I shall give you my reasons for thinking so.

In the early years of my practice, before I had the advantage of a collegiate education, I was called in the night to attend a woman who was undergoing abortion, and whom I found in the most imminent danger. Her attending physician had called, had left her a little something, and had gone home to sleep, saying she would be better by and by. My attention was attracted at once by a tub full of clothes soiled by her wasting life-blood. After the doctor left, her sufferings had become intense, and I, being in general her physician, although not in confine-

ment, was sent for, inasmuch as her first physician had failed to afford her any relief. I found her suffering from expulsive pains, and with each pain there came gushing forth a stream of blood, as large, apparently, as my wrist. I knew that life would be lost unless the flow of blood were checked at once, and knowing nothing but Hahnemann and his law, I immediately thought of a remedy indicated by her sufferings; believed Belladonna to be indicated, and accordingly gave it to her. I am not now able to say whether I gave another medicine or not. In the course of ten minutes, the hemorrhage was completely checked, and all danger to life averted. I remained with the woman for two hours; at the end of which time the pains were scarcely perceptible and she was very comfortable. Then I examined her and found she had not aborted. As I lived next door to her, I then went home, telling her to send for me if she thought she needed me. I visited her next morning and found her very comfortable, gave her such remedy as I thought she required, and continued to visit her after that, once a day, for a week. She continued to improve, did not abort, and went about her work; when in the fifth week afterward, while walking across the room, the fœtus and placenta fell from her without loss of blood and without pain, and she continued with her work.

That was my first experience, and I have never failed to remember it in similar cases since. In thirty years' practice I have never attempted to remove the placenta in abortion by any other means than the use of homœopathic remedies. I have never, in any instance, used a tampon, a bandage, cold water, or any appliance of that sort; but simply place the woman on her back, with her knees elevated, and sit down by the bedside and find the remedy that corresponds with the symptoms: and I have cured every case I have had without any difficulty. Very recently I attended two cases in which labor came on at the sixth month, with intense and indeed agonizing pains, and the blood flowing quite freely. I gave in both cases Belladonna, 200th potency, in water, a dose every half hour until relieved. In both instances the pains subsided entirely within three hours, and the doctor and patient both went to sleep. In one case the fœtal mass came away on the third day afterward, without pain or loss of blood. In the other the fœtal mass passed in twelve hours afterwards, without pain or hemorrhage.

These cases have impressed me with the belief that the presence of the fœtal mass is not the *cause* of hemorrhage in abortions, for were it so, the hemorrhage could not be suppressed while the mass was retained.

Dr. SWAZEY wished to be understood that, although he spoke in favor of the use of palliatives, he did not wish to be considered as indorsing the use of laudanum injections, as mentioned by Dr. Ball.

Dr. WOODBURY's paper was then referred to the Committee of Publication.

Dr. R. B. RUSH then read his paper, "A Case of Puerperal Convulsions."

Dr. O. P. BAER followed by reading a paper on "Puerperal Convulsions." The paper of Dr. Baer elicited a lively and interesting discussion.

Dr. N. R. MORSE inquired whether the urine had been examined. He thought these cases were of an hysterical nature, and if so, were very different from the puerperal convulsions where albumen was found in the urine. These hysterical cases are very amenable to treatment.

Dr. BALL asked what the Institute thought of Chloroform in these cases. He was of the opinion that the medicine administered in the 200th potency had nothing to do with the cure. Considerable time elapsed ere recovery took place, and he believed they would all have got well as speedily without medical treatment.

Dr. HILLER believed all these cases to be amenable to homœopathic treatment. He had been successful in a large number of cases.

Dr. S. R. BECKWITH thought the paper of Dr. Baer a very able one. He thought it a piece of presumption to charge Dr. Baer with reporting hysterical cases as cases of puerperal convulsions, a gentleman who was really the consulting physician of the state in which he lives.

Dr. A. E. SMALL, of Chicago, said that most cases of these convulsions were amenable to treatment, but there were some which he termed pure puerperal convulsions, that were fatal; and in these cases there was found cerebral lesion and hemorrhage. He wished there were better means of distinguishing these cases from others. He had had a great many cases of convulsions to treat. Some recovered under the use of *Belladonna*, some under *Veratrum viride*, some under *Macrotin*, and some under *Caulophyllin*. He had used these medicines with signal advantage, and recommended them to the consideration of the Institute.

Dr. R. LUDLAM, of Chicago, said: The principal point in these papers, and the one most worthy of discussion seems to be overlooked. It is in regard to the influence of our remedies in controlling convulsions. I think that in all the cases that have been presented here, one important fact has been overlooked in estimating the value of the remedies used. Not unfrequently, in these cases, when labor has been completed and the uterus is emptied of its contents, the convulsions begin at once to decline in frequency and severity; thus substantiating in a measure the old idea that in ante-partum convulsions, the first thing to be done is to empty the uterus, provided the conditions necessary to delivery exist. Now in each of the cases reported in these papers—and I say this without any reflection upon Drs. Baer or Rush, both of whom are competent physicians as we all know—it seems to me that in each of these cases the attack was self-limiting, and that, as Dr. Ball has put it, they would all have recovered without the use of medicinal agents, provided the patients had been put under circumstances favorable to recovery. I think this is the important point in these papers, viz., whether medicines will arrest these convulsions, mitigate their severity, or lessen their frequency. In each of the cases reported, it will be noted that the convulsions began to decline so soon as labor had been completed.

The discussion was prolonged to a great extent; some members agreeing with Drs. Ball and Ludlam, while others stoutly maintained the efficacy of medicines in puerperal and other forms of convulsions, and thought Dr. Baer had every right to claim that the medicines he administered effected the arrest of the convulsions.

Dr. J. P. DAKE said: I am not willing to let this subject pass without putting in a disclaimer against the, in my judgment, hasty and unsound conclusions of my friends, Drs. Ball and Ludlam. Now I will put their argument into the form of a syllogism. In order to conclude that these cases would have recovered without resort to medication, it is necessary to premise: *First*, That all cases of ante-partum convulsions, not uræmic, recover without medication; and *Second*, That these cases were ante-partum cases of convulsions, and therefore got well without medication. We cannot draw the conclusion of the gentlemen without establishing these premises, and I ask them if they are willing to assume them both.

Dr. BAER defended his paper warmly, and charged that members had no right to treat unfairly reports of medical treatment, and scout at its efficacy because high potencies had been used. He argued that it was insulting to the Institute for members to charge that one of their number had reported cases falsely. He said there had been a large number of similar cases in his neighborhood, and all treated allopathically had died, while those treated homœopathically had recovered.

The papers of Drs. Rush and Baer were accepted, and appropriately referred.

Dr. S. S. LUNGREN, of Toledo, Ohio, then reported a case of "Corroding Ulcer of the Womb," which was very interesting. "At this time," he said, "the cervix is entirely destroyed, and the body of the uterus is hollowed out, just as a mouse would hollow out a pine-apple cheese." The case was a rare one and noteworthy. Cundurango was used, in the first dilution, without benefit.

The Bureau of Obstetrics was then closed, and the report and papers referred to the Committee of Publication.

The Committee on Foreign Correspondence

presented its report through Dr. Carroll Dunham. The report was accepted, and referred to the Committee of Publication.

The Bureau of Homœopathic Literature

made no report.

The Committee on a Homœopathic Dispensary

reported through Dr. Dunham. Dr. Dunham stated that the committee had been industriously at work during the past year, and that the material for the Dispensary was advancing rapidly towards completion. He hoped that the committee would be able to place the completed MSS. in the hands of the Institute of Pharmacy, by the 1st of January next.

The President announced the *Committee on the World's Homœopathic Convention*. (See page 553.)

The Institute then adjourned.

THIRD DAY.

The Institute assembled at ten o'clock, Dr. Talbot in the chair.

Dr. J. P. DAKE moved to amend Article X of the By-Laws, so that after the words "ensuing year," on the bottom line of page 138, Transactions of 1871, the following words shall be added: "and the selection of one subject upon which papers shall be solicited during the year and read during the session, that subject alone being the one for discussion; all papers referring to other subjects to be referred to the Committee of Publication without reading, except upon special call of the Institute." After some discussion the amendment was adopted.

The report and papers of the

Bureau of Surgery

were presented by Dr. Bushrod W. James, Chairman of the Bureau. The following papers were reported as in possession of the Bureau:

1. Lithotomy, by John J. Detwiler, M.D., of Easton, Pa. (A number of calculi were exhibited.)
2. Syphilis, by S. R. Beckwith, M.D., Cincinnati, Ohio.
3. Tumor of the Ethmoid Bone, by N. Schneider, M.D., of Cleveland, Ohio.
4. Strangulated Hernia, by N. Schneider, M.D., of Cleveland, Ohio.
5. Ovariectomy, by N. Schneider, M.D., of Cleveland, Ohio.
6. Clinical Surgery. By Malcolm Macfarlan, Philadelphia.
7. Cancer. By Giles M. Pease, M.D., Boston.
8. Surgical Improvements. By B. W. James, M.D., Philadelphia.

Dr. B. W. JAMES exhibited and explained the use of a number of new instruments and appliances, including Knight's Double Stethoscope, Polypus Ecraseur, for removing uterine polypi, a Vertebated Catheter, Smith's Clamp, for hæmorrhoids, Wilson's Uterine Dilator, an instrument for throwing spray into the Eustachian tube, &c., &c.

Dr. J. J. DETWILER then exhibited a number of calculi of various sizes and shapes, removed by him from the human bladder, giving at the same time a brief account of each operation, and exhibiting a long-handled, probe-pointed knife, having a tapering blade with a cutting edge of less than a quarter of an inch. With this instrument he divides a portion of the urethra, passes the prostate gland, and enters the bladder, giving ample room for the removal of the largest calculus exhibited, and without running any risk of mishaps which so often follow the use of the English bistoury or the gorget. One of the calculi exhibited weighed eight ounces, and another was a beautiful specimen of oxalate of lime calculus, of very irregular formation, and which was removed with great difficulty. He was not aware of the existence of a specimen like it in any cabinet in the United States.

The business of the Bureau of Surgery was suspended to hear a report from the Committee on Legislation.

Dr. JOHN F. GRAY, of New York, announced that he had received a telegram from Dr. Horace M. Paine, of Albany, N. Y., to the effect that Governor Hoffman had signed the bill which the homœopaths of New York had been endeavoring to have enacted, appointing an Independent Board of Medical Examiners by the Regents of the State of New York. The main features of the bill are, that a candidate before he can come before the Board of Examiners, must have an absolutely perfect English education, and a good knowledge of Latin; and must pass a satisfactory examination, not only in the branches common to both schools, but as well in the therapeutics of both schools.

A DELEGATE inquired: Are all who come before this Board expected to be equally proficient in the *Materia Medica* of both schools?

Dr. GRAY: Yes, sir.

The PRESIDENT. Do we understand that the allopaths are to be examined in their knowledge of homœopathy?

Dr. GRAY: Yes, sir. (Laughter and applause.)

The President was directed to telegraph Governor Hoffman and Dr. Paine the satisfaction of the Institute at the passage of the bill.

The report was received and referred to the Committee of Publication.

Dr. S. R. BECKWITH then read an elaborate report on *Syphilis*, which was accepted and referred to the Committee of Publication.

Dr. N. SCHNEIDER then read his series of papers, which was accepted and appropriately referred.

Dr. S. R. BECKWITH spoke on the subject of hernia. He deprecated delay in resorting to an operation in strangulated hernia, after reasonable efforts had been made to reduce it. He favored the application of heat, of as intense a degree as can be borne, for a short time, to relax the tissues and thin the blood; but thought that if too long applied mischief could be done. He cited several cases to prove his position on these points. In regard to Dr. Schneider's paper on Ovariectomy, Dr. Beckwith stated that *Apocynum cannabinum* had proved valuable in ovarian dropsy.

Dr. CHAMBERLAIN, of Mass., stated that he had it on the authority of a physician of large experience that when the fluid evacuated in cases of ovarian or abdominal dropsy was of a greenish-yellow color—the color of pea soup—the patients invariably died in a short time.

Dr. PEASE's paper on Cancer was then read by Dr. B. W. James. accepted and appropriately referred.

Dr. McFARLAN's paper on Clinical Cases of Surgery was likewise read and referred, whereupon the Bureau of Surgery was closed.

Dr. A. R. THOMAS, of Philadelphia, made a statement to the effect that Dr. Billings, of the Surgeon-General's office, had notified him that it was the intention of the Surgeon-General to add all homœopathic medical books, including periodicals, to the

National Medical Library

in charge of his department, and offered the following preamble and resolution:

Whereas, We learn with pleasure that the Surgeon-General of the United States is desirous of adding to the National Medical Library all homœopathic publications, therefore

Resolved, That the members of this Institute are ready to co-operate in the accomplishment of this object, and are willing to contribute books, pamphlets, &c., towards that end.

Dr. THOMAS also called attention to the effort now being made by Dr. Toner, of Washington, to make a complete

Medical Register and Directory for the United States,

and urged all homœopathic physicians who should receive a circular regarding the matter to give it prompt attention.

The preamble and resolution were unanimously adopted, and the whole matter was placed in the hands of the General Secretary, to be carried out by him.

The Report of the Treasurer

was then presented, showing the receipt of \$2923, disbursements \$2516.37, and the deficit of 1871 of \$635.28, thus leaving a balance due the Treasurer of \$223.65.

The Auditors, through Dr. L. E. Ober, reported that they had examined the accounts and vouchers of the Treasurer, and had found them correct. The report of the Treasurer was thereupon adopted.

The *Committee on Credentials* then presented its report, which was accepted and referred.

The report and papers of the

Bureau of Anatomy, Physiology, and Hygiene.

The Secretary announced a paper by Dr. BUCK, of Cincinnati, entitled, "Reason, Instinct, Vitality," which was referred to the Committee of Publication.

The Bureau of Psychological Medicine

reported, through Dr. N. R. MORSE, that they had no report to make, and no paper to present.

Dr. SWAZEY called up the paper of Dr. FROST, on "Electro-magnetism in Relation to Homœopathy," which he had had laid on the table that he might examine it. He stated that he had examined it, and that it gave evidence of great learning and research on the part of the author, and contained some points that he thought it would be well for the Institute to hear and discuss. He therefore moved that Dr. Frost's paper be transferred from the Bureau of Clinical Medicine, by which it had been presented, to the Bureau of Psychological Medicine, and that that Bureau present the paper, and have it read.

Dr. N. R. MORSE said he had not examined the paper, and promised to do so and report it on Friday morning.

Dr. SWAZEY said he did not wish to embarrass the Bureau or the Institute, and therefore moved that the paper be referred to the Committee of Publication, which was agreed to.

Dr. T. P. WILSON, of Cleveland, then presented the report of the

Bureau of Ophthalmology, Otology, &c.

He reported the following papers:

General Observations on Ophthalmic Surgery. By T. P. Wilson, M.D., of Cleveland, O.

Aural Surgery, By T. P. Wilson, M.D., Cleveland, O.

Dr. Wilson's papers were read, and, together with other papers of the Bureau, were referred to the Committee of Publication.

Dr. S. S. GUY presented a specimen of scirrhus of the mammary gland, removed by Mrs. Dr. E. G. Cooke, of Buffalo, N. Y., which had been overlooked in the reports on surgery. The growth had sloughed off after the free use of caustic paste.

Dr. BUSHROD W. JAMES's paper on the "Propagation of Cow-pox Virus," which had been laid on the table, was taken up, and after another war of words, was finally referred to the Committee of Publication.

Dr. W. M. WILLIAMSON, Chairman of the

Bureau of Organization, Registration, and Statistics,

submitted the report of that Bureau, which was made verbally, and contained no point of importance, but gave promise of valuable future work of the Bureau.

The report of the

Committee on Homœopathic Colleges

being called for, Dr. F. WOODRUFF, of Ann Arbor, Mich., presented a lengthy printed paper, which he said he had no desire to read, but which would be distributed to members. Dr. Woodruff's paper was devoted chiefly to a sketch of the struggle between the homœopathic physicians of Michigan and the persons in possession of the Michigan State University. The paper was accepted, and referred to the Publishing Committee.

The President announced the Bureaus of *Materia Medica*, *Clinical Medicine*, and *Surgery*, as constructed for the ensuing year.

The Institute then adjourned, to meet on Friday morning at 9 o'clock.

The Reception at Governor Cooke's Mansion.

No choicer compliment has ever been paid the American Institute of Homœopathy since its organization, than is implicated in the reception given it by Governor Henry D. Cooke and Mrs. Cooke, at their mansion in Georgetown, on Thursday evening, May 23d. At the appointed hour the

members of the Institute, with the ladies accompanying them, began to assemble at the Governor's residence. Perhaps there were anticipations of stiffness and formality in the minds of some of the guests, engendered by experiences on former occasions; but if such thoughts had found lodgment in the minds of any, they were speedily dissipated by the hearty kindness of the host, and the winning politeness of the hostess, who presented in the highest degree the true type of genial American hospitality. Each new arrival, thus at once put at ease and made to feel that he or she was personally welcome and "at home," the gay throng were soon engaged in animated conversation, or strolled through the many apartments, which gave evidence of refined and cultured taste at every step, examining the works of art and objects of *vertu* with which they were replete. A banquet, too, was provided, of which the catering was simply perfect, and which was partaken of with great enjoyment by all present. The absence of all intoxicating beverages added to the pleasure of the occasion.

Toward the close of the evening a number of sentiments were proposed by Dr. T. S. Verdi, as follows:

1st. *The District of Columbia: the heart of the Republic. Our national organization has jolly found its welcome here.* Responded to by Dr. Talbot, President of the Institute, who in his remarks paid a just compliment to Governor Cooke for the improvements in the District inaugurated since he assumed the gubernatorial chair. To which Governor Cooke replied, returning thanks to the Institute for its hearty expression of good-will, as manifested in the words of Dr. Talbot, and the hearty applause that had greeted them.

2d. *In certis unitas, in dubiis libertas, in omnibus charitas.* Responded to very appropriately by Dr. J. P. Dake.

3d. *Medicine as a liberal science.* Responded to by Dr. C. C. Cox (see below).

4th. *Scientia est potentia.* Responded to humorously by Dr. R. Ludlam.

5th. *Our Hostess.* Responded to by Dr. T. P. Wilson, who paid a well-merited compliment to Mrs. Cooke.

6th. The sixth toast called out Dr. Henry D. Paine, of New York.

The guests then took leave of their kind entertainers, and wended their ways to their respective hotels, each with the sense that a most delightful and enjoyable occasion has passed, but that the happy remembrance of it would remain.

In response to the toast, "*Medicine as a Liberal Science*," Dr. C. C. Cox, of Washington, D. C., President of the Board of Health of the District, after a somewhat humorous introductory, spoke as follows:

"It is not necessary to assure you, gentlemen, how sensibly I feel all the kind expressions I have heard here to-night, and on prior occasions since your Institute has been in session. Excluded, as I have been, to some extent, by that class with whom my sympathies and hopes and

ideas have been identified for so many years, I find myself to-night a stranger amid those who by the regular profession have been placed beyond the pale of professional, and, I was about to say, almost of social civility and courtesy, and yet the recipient of courtesies and of hospitality denied to some extent by my professional household. I need not say to you that I do not feel degraded by the company in which I find myself, but, on the contrary, I will assert that I feel myself honored. I do not feel that, in meeting with this intelligent body of co-operators and co-laborers in the cause of science, I am violating any just principle of ethics or etiquette, but rather obeying the dictates of common sense and common justice and common humanity, and upholding the balance between man and man. (Applause.)

"The sentiment to which I find myself called upon to respond is, *Medicine as a Liberal Science*. Sometimes the very best method of illustrating a subject is, to exemplify by something not exactly in accordance with the principle involved; and thus I shall attempt to illustrate the liberalism not so much of medical science as of medical men. You will doubtless all recollect, if you have read the newspapers of the country, and most of you are doubtless familiar with the fact, that I stand proscribed by that branch of the profession to which I belong in this city, because I dared to take a seat at the Board of Health, a member of which Board was a homœopathic physician.

"The story is a simple one, and soon told. On the 3d of April, 1871, I was tendered the appointment of membership of the Board of Health of the District by the President of the United States, which appointment was subsequently confirmed by the Senate. The Board of Health at that time consisted of two physicians and three laymen; of the physicians one, Dr. T. S. Verdi, whose qualities as a gentleman of refined culture and ability are known to you all, was a homœopathist. I had had associations with Dr. Verdi in the capacity of church vestryman and as a member of the Board of Trustees of Public Schools, had generally lived in the same square with my accomplished friend, and should as soon have thought of being called to account for associating with him in either of these capacities, or for living near him, as for engaging with him in the performance of a public duty so important as the one to which we were accredited. Nor could I think that I was violating any principle of any code of ethics, or injuring any medical man in the country, or in the slightest degree breaking the obligations due by me to that profession which I had always honored, and whose honor I had scrupulously guarded throughout my professional life. But the proscription did not end with me alone; for, like a leper of old, I was to be put aside, and every man was cautioned to avoid approaching me, lest he should become contaminated. An eminent physician of this District, Dr. D. W. Bliss, who is present with us to-night, invited me to consult with him during the illness of our beloved Vice-President Colfax, and for so doing he was expelled from the Association which refused me admission because I served upon the Board of Health with Dr. Verdi. (Ories of Shame! shame!) He was expelled from this Society and made a professional criminal of, because he dared to consult with one who dared to assist a homœopathic fellow citizen in obeying the behests of the Government which he had pledged himself to support, and engaging in the great and noble work of caring for the public health and preserving public life. Is it any wonder that the press of this country, with the most marked unanimity everywhere, denounced and rebuked this high-handed assumption on the part of the Medical Association of the District of Columbia? The most biting sarcasm of all those uttered by the press of the land on this act, came from an allopathic medical journal published in Philadelphia, and which pronounced it scandalous and simply ridicu-

lous. Neither Dr. Bliss nor myself suffered any material damage, nor are we conscious of having lost any measure of public respect or public confidence, in consequence of this great bill of excommunication issued.

"This matter was brought to the notice of, and words were uttered against my admission into, the American Medical Association at Philadelphia. I regret it was not in my power to be present at that meeting, so as to have brought up the question and demanded a vote on the issue between the Medical Society and myself, and between Dr. Bliss and the Medical Society. And when the question does come up, I have too much confidence in the sense of propriety, intelligence, and fair dealing of the American Medical Association to believe that any other result can or will be arrived at than a triumphant vindication of both of us from the slanderous and infamous aspersions heaped upon us by this District Society."

DR. BLISS, interrupting: "You have greater confidence in them than I have then."

Dr. Cox, resuming: "I do not intend to discuss here the general principles of medical ethics, but I defy any man to show that the Board of Health has violated in the slightest degree any form or principle of the code of ethics; nor can I perceive how, by any sort of twisting process, the question of therapeutics, which is the only point of difference between the schools, is in any way involved in any of the questions which come before the Board of Health, or in any of the actions of that Board. In anatomy, physiology, hygiene, surgery, and chemistry, I take it, gentlemen, that you, deriving your knowledge from the same source as ourselves, are quite as learned as we dare to be.

"And now, gentlemen, I say proudly, that I stand here to-night an allopathist, endeared to my profession, a member of that old American Medical Association, and one of its ex-Presidents, and its first representative to the medical societies of Europe; but should the time ever come when the verdict of that Association shall be given against me on the principle involved in my case, I tell you that, as much as I love it, as much as I regard the social connections I have formed in it, I shall go forth from it with the proud consciousness of having done nothing which in any way affected my obligations to my professional brethren, and that my sole cause of offence had been, that I had subserved the cause of humanity and liberal principles, and had chosen to exercise that right of private opinion and private judgment which, by the help of God, I have learned constantly and fearlessly to maintain, and hope to do so until the last hour of my life. (Applause.) The time will never come when I will withhold from any true gentleman, be he allopathic or homœopathic, the amenities and courtesies of life. (Cries of Good! good!) The time will never come when I, as a member of any body engaged in service for the public good, shall stop to inquire whether the man who sits next to me is a disciple of Galen or of Hahnemann; but I shall, on the contrary, give to him the right hand of fellowship, and vie with him in promoting the public interests committed under God to us to subserve.

"You all no doubt agree with me, gentlemen, that it is high time that men engaged in the great mission of healing the sick should cease their wrangling and quarrelling. (Applause.) The work to be done is too great, and the time to do it in is too short, to allow any part of it to be wasted in bickering and strife. We should remember that we live not in the ninth but in the nineteenth century; we should bear in mind always that medicine is not an exact science, and that it is so far from perfection, that it is simply presumptuous for any one of our class, or for any class, to wrap himself or themselves in the cloak of exclusiveness, and dare to say that he or they are the only defenders of the true science. It is presumption for one class of men—and in this connection I regret

to be obliged to allude to the American Medical Association—to say that because one is of a particular color, or believes in the doctrines of Hahnemann, or he or she entertains opinions of their own in regard to the practice of medicine; it is the height of presumption, I say, for any class of men to declare that against such applicants the doors of the temple of science are to be closed, and they are not to be permitted to enter. God gave a measure of intellect to all, and he entitled all to the broadest culture, and the man, or the number of men, or the body, that lifts its hands to prevent this cultivation of the mind, and attempts to repress it in any way, is raising hands against the Maker and Ruler of the Universe.

“Now, gentlemen, I fear I have tired your patience.”

DR. LUDLAM: “Our patients are at home, Doctor.”

Dr. COX, resuming: “I wish to say here, that it is alike the duty of Allopaths and Homœopaths, as a body of devotees to science, to join together in an effort to break down the barriers of bigotry and prejudice that exist to-day. (Cries of Good! good! and applause.) It is our duty to stand together in the effort to put down exclusiveness. This should be the purpose of every true lover of science, and each one should emulate his neighbor in paying his mite towards the great general store of human knowledge.

“Then let us pray that come it may,

As come it will for a' that,
That sense and worth, o'er a' the earth
May bear the gree, and a' that.
For a' that, and a' that,
It's coming yet, for a' that,
That man to man, the world o'er,
Shall brothers be for a' that.”

FOURTH DAY.

The Institute assembled at 9 o'clock, Dr. Talbot in the chair.

The President announced the receipt of the following telegram from the Governor of New York: “Your message is acknowledged, with the trust that the law in question will work beneficially for the people, and do credit to its promoters.” (Applause.)

Mutilation of the By-Laws.

Dr. HENRY M. SMITH, of the Bureau of Organization, Registration, and Statistics, stated on Thursday, that some looseness had been discovered in the making up of the by-laws as printed in the current volume of Transactions (1871), by which amendments that had been offered at Philadelphia, but not adopted, had been incorporated with the by-laws as though they had been adopted; and called for the appointment of a Committee of Inquiry; whereupon the subject was referred to the Bureau of Organization, Registration, and Statistics, to be inquired into by the Bureau, and a report made on Friday morning, at nine o'clock. Accordingly, Dr. Smith, on behalf of that Bureau, made a report, the substance of which is to the effect, that certain proposed alterations of the by-laws affecting the organization of the various bureaus and providing that each bureau should consist of one appointee from each state represented in the Institute, and other radical changes affecting the organiza-

tion seriously, all of which had been submitted by the Bureau of Organization, Registration, and Statistics, at the meeting in Philadelphia, and which the Institute had laid on the table and refused to take up again, had been represented as having been adopted by the Institute, and the changes had been incorporated with the by-laws, and so printed. He did not know, he said, whether this had been effected by accident or design, but he thought it was the duty of the Institute to investigate the matter. He then offered the following preamble and resolutions which were unanimously adopted:

Whereas, In the by-laws of the Institute, as published in the volume of Transactions for the year 1871, there are alterations of articles that have never been brought before the Institute, and others that have not received its sanction, therefore,

Resolved, That the by-laws as published in said volume be and are hereby declared null and void.

Resolved, That the Secretary be ordered to publish in the volume of Transactions for the year 1872, the by-laws as printed in the volume for 1869, together with such amendments as have been adopted by the Institute.

Resolved, That a Committee of Investigation be appointed, to consist of five members, to report at the next meeting such facts as they may gather in relation to the above-mentioned mutilation.

Resolved, That the Secretary have copies of these resolutions printed, together with the correct reading of the mutilated articles, and that the Treasurer furnish one with each volume of Transactions for the year 1871 that he sends out.

The Bureau of Organization, Registration, and Statistics, were on motion, directed to frame

A new Constitution and By-Laws for the Institute,

which should embrace all the valuable features of the present Constitution and By-Laws, and of such of the *standing resolutions* as did not conflict with each other, and expunge all foreign matter, and report the same at the next meeting of the Institute.

Dr J. P. DAKE, submitted the following as a supplemental report of the Bureau of Materia Medica:

"The immediate publication of a 'full and complete Homœopathic Materia Medica,' urged by the Homœopathic Medical Society of Maine, and referred to our bureau for consideration, is a subject of such importance, and is so intimately connected with the matter of a more thorough and correct proving of medicines, upon which we are already instructed to report at the next meeting, we deem it advisable to make no recommendation at this time.

"The labor and expense of gathering all of our present provings together in several large volumes, would be very great, and in our judgment should be deferred until we consider fully the practicability of a re-proving of our remedies, under conditions and in ways calculated to separate more completely the genuine from the spurious, the characteristic from the common, in our vast collection of drug symptoms."

It was moved and carried that the General Secretary send copies of Dr. Dake's resolutions regarding further service by the Signal Corps, to

the President of the Senate, and Speaker of the House of Representatives of the United States.

Dr. LUDLAM moved, and it was carried that a sub-bureau of the Bureau of Obstetrics, &c., be constituted; to consist of five members, and to be called the

Sub-Bureau of Gynecological Surgery.

The SECRETARY read invitations to the Institute to meet in Cleveland, St. Paul, and San Francisco.

Dr. HILLER, of San Francisco, made some eloquent remarks in favor of the session of 1873 being held in that city, but the Institute voted to

Meet next year in Cleveland, June 3d, 1873.

The SECRETARY was instructed to convey the thanks of the Institute to the physicians of Cleveland, St. Paul, and San Francisco, for the invitations so courteously extended.

Dr. N. SCHNEIDER, of Cleveland, was appointed a *Committee on Railroads*.

Dr. J. P. DAKE, from the committee to report on the *President's Address*, submitted the following resolution, which was unanimously adopted:

Resolved, That we heartily approve the noble resistance offered by our members in Massachusetts, to the Star Chamber attempts of the Massachusetts Medical Society to expel them from its membership, and that we hereby extend to them our warmest sympathy in their efforts in behalf of the freedom of medical opinion and practice.

The Institute then proceeded to the

Election of Officers for the Ensuing Year.

President, Alvin E. Small, M.D., Chicago.

Vice-President, J. C. Burgher, M.D., Pittsburg, Penna.

General Secretary, R. J. McClatchey, M.D., Philadelphia.

Provisional Secretary, Bushrod W. James, M.D., Philadelphia.

Treasurer, E. M. Kellogg, M.D., New York.

Censors, F. R. McManus, M.D., Baltimore; W. M. Williamson, M.D., Philadelphia; R. B. Rush, M.D., Salem, Ohio; N. Schneider, M.D., Cleveland; S. S. Guy, M.D., Brooklyn, N. Y.

The SECRETARY offered resolutions expressive of thanks to the newspapers of Washington, for report of proceedings; to the homœopathic physicians of Washington for provisions made for the accommodation and entertainment of the Institute; to Dr. and Mrs. T. S. Verdi for the reception given the Institute; to Governor and Mrs. H. D. Cooke, for their elegant hospitalities, and to the President of the United States, for the reception at the White House, all of which resolutions were unanimously adopted.

Dr. E. C. BECKWITH moved a vote of thanks to the Librarian of the Congressional Library, for courtesies to members, which was adopted.

The SECRETARY was directed to forward copies of these resolutions, as adopted, to the persons for whom they are intended.

Dr. B. W. JAMES offered the following as a *standing resolution*, which was unanimously adopted :

Resolved, That hereafter no report or paper will be received by the Institute from a bureau or committee of the Institute, or from any individual member thereof, in an incomplete or unfinished condition ; and any report or paper having been received by the Institute, and referred to the Committee of Publication, shall pass at once into the hands of the General Secretary, and not be returned to the writer under any representations that may be made.

The PRESIDENT then announced the completed list of bureaus and committees for the ensuing year, as follows :

BUREAU OF MATERIA MEDICA, PHARMACY, AND PROVINGS.

Carroll Dunham, M.D., New York ; Conrad Wesselhoeft, M.D., Boston ; William E. Payne, M.D., Bath, Me. ; Jabez P. Dake, M.D., Nashville, Tenn. ; C. C. Cropper, M.D., Oxford, O. ; Edwin M. Hale, M.D., Chicago ; Constantine Hering, M.D., Philadelphia ; Wallace McGeorge, M.D., Woodbury, N. J. ; O. P. Baer, M.D., Richmond, Ind.

BUREAU OF CLINICAL MEDICINE.

H. B. Clarke, M.D., New Bedford, Mass. ; E. C. Beckwith, M.D., Zanesville, O. ; W. H. Holcombe, M.D., New Orleans ; Henry D. Paine, M.D., New York ; N. A. Mosman, M.D., Norwalk, Conn. ; L. E. Ober, M.D., La Crosse, Wis. ; R. F. Baker, M.D., Davenport, Iowa. ; J. C. Burgher, M.D., Pittsburg, Pa. ; George A. Hall, M.D., Chicago.

BUREAU OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

R. Ludlam, M.D., Chicago ; J. H. Woodbury, M.D., Boston ; T. G. Comstock, M.D., St. Louis ; O. B. Gause, M.D., Philadelphia ; J. J. Youlin, M.D., Jersey City, N. J. ; J. C. Sanders, M.D., Cleveland.

SUB-BUREAU OF GYNÆCOLOGICAL SURGERY.

S. R. Beckwith, M.D., Cincinnati ; C. Ormes, M.D., Jamestown, N. Y. ; G. W. Richards, M.D., Orange, N. J. ; S. S. Lungren, M.D., Toledo, O. ; Willis Danforth, M.D., Chicago.

BUREAU OF SURGERY.

Bushrod W. James, M.D., Philadelphia ; N. Schneider, M.D., Cleveland ; William Tod Helmuth, M.D., New York ; E. C. Franklin, M.D., St. Louis ; John J. Detwiler, M.D., Easton, Pa. ; M. W. Wallens, M.D., Somerville, N. J. ; James B. Bell, M.D., Augusta, Me. ; H. F. Biggar, M.D., Cleveland ; James H. McClelland, M.D., Pittsburg.

BUREAU OF ANATOMY, PHYSIOLOGY, AND HYGIENE.

A. R. Thomas, M.D., Philadelphia ; J. D. Buck, M.D., Cincinnati ; S. S. Guy, M.D., Brooklyn, N. Y. ; Richard Koch, M.D., Philadelphia ; R. N. Foster, M.D., Chicago.

BUREAU OF ORGANIZATION, REGISTRATION, AND STATISTICS.

W. M. Williamson, M.D., Philadelphia; Henry M. Smith, M.D., New York; E. U. Jones, M.D., Taunton, Mass.; Pemberton Dudley, M.D., Philadelphia; Moses F. Page, M.D., Appleton, Wis.; Ciro S. Verdi, M.D., Mount Vernon, O.; F. Hiller, M.D., San Francisco, Cal.

BUREAU OF PSYCHOLOGICAL MEDICINE.

J. H. P. Frost, M.D., Danville, Pa.; George F. Foote, M.D., Middletown, N. Y.; Clement Pearson, M.D., Mount Pleasant, Iowa; Charles G. Raue, M.D., Philadelphia; George W. Swazey, M.D., Springfield, Mass.

BUREAU OF OPHTHALMOLOGY, OTOTOLOGY, AND ODONTOLOGY.

T. P. Wilson, M.D., Cleveland; H. C. Angell, M.D., Boston; C. T. Liebold, M.D., New York; H. C. Houghton, M.D., New York; Malcolm Macfarlan, M.D., Philadelphia; Samuel Worcester, M.D., Burlington, Vt.

BUREAU OF MEDICAL LITERATURE.

George E. Shipman, M.D., Chicago; Samuel Lillenthal, M.D., New York; Samuel A. Jones, M.D., Englewood, N. J.

COMMITTEE ON FOREIGN CORRESPONDENCE.

E. B. de Gersdorff, M.D., Boston; J. H. Pulte, M.D., Cincinnati; T. S. Verdi, M.D., Washington, D. C.; W. P. Wesselhoeft, M.D., Boston; Charles A. Bacon, M.D., New York.

COMMITTEE ON COLLEGES.

David Thayer, M.D., Boston; J. P. Dake, M.D., Nashville, Tenn.; A. E. Small, M.D., Chicago; John C. Morgan, M.D., Philadelphia.

COMMITTEE ON HOMŒOPATHIC DISPENSATORY.

Carroll Dunham, M.D., New York; T. F. Allen, M.D., New York; F. E. Boericke, M.D., Philadelphia; H. M. Smith, M.D., New York; F. A. Rockwith, M.D., Newark, N. J.; J. J. Mitchell, M.D., Newburg, N. Y.; C. Hering, M.D., Philadelphia; R. J. McClatchey, M.D., Philadelphia.

COMMITTEE ON LEGISLATION.

T. S. Verdi, M.D., Washington, D. C.; L. D. Packard, M.D., Boston; H. C. Bradford, M.D., Lewiston, Me.; E. D. Jones, M.D., Albany, N. Y.; Francis Woodruff, M.D., Ann Arbor, Mich.

COMMITTEE OF ARRANGEMENTS.

T. P. Wilson, M.D., Cleveland; N. Schneider, M.D., Cleveland; John C. Sanders, M.D., Cleveland; R. B. Rush, M.D., Salem, O.; J. D. Buck, M.D., Cincinnati; S. S. Lungren, M.D., Toledo, O.; J. B. Massey, M.D., Sandusky City, O. With power to add to the number.

COMMITTEE OF INVESTIGATION OF BY-LAWS.

Carroll Dunham, M.D., New York; J. P. Dake, M.D., Nashville, Tenn.; H. B. Clarke, M.D., New Bedford, Mass.; J. C. Burgher, M.D., Pittsburg, Pa.; L. E. Ober, M.D., La Crosse, Wis.

THE PRESIDENT called attention to the standing resolution that all reports and papers to be published with the "*Proceedings*," must be in the hands of the General Secretary within thirty days after adjournment, otherwise they will be excluded.

Dr. S. R. BECKWITH moved a vote of thanks to the officers of the Institute.

The Institute then adjourned.

Thus ended the twenty-fifth session of the American Institute of Homœopathy. Nearly 200 members were present. It was a good session in every respect, orderly and harmonious, and the abridged report above given will show our readers that much earnest work was done, and well done. We are sure that in saying that much of the harmony that prevailed, together with the ready flow from item to item of business, was largely due to the unvarying good humor, politeness, and firmness of the President, we are but uttering a sentiment that will meet a ready indorsement at the hands of every member present.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

THE May meeting of the Society was held at the College Building on the 9th inst., Dr. Jeanes in the chair. The minutes of the last meeting were read and approved.

Dr. PEMBERTON DUDLEY was elected the Delegate to represent the Society at the forthcoming meeting of the American Institute of Homœopathy.

THE SECRETARY, in behalf of Dr. Bushrod W. James, absent on account of sickness, invited the Society to hold its June meeting at his house, No. 1821 Green Street, as he intended to present a paper on "Minute Life and Matter" which he would illustrate by means of the oxy-hydrogen gas microscope. On motion the invitation of Dr. James was accepted, and the June meeting was ordered to be called at his residence.

THE SECRETARY then read the Scribe's report, as follows:

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

THEORY OF THOUGHT AND CERTAIN BRAIN SYMPTOMS.—Some of the peculiar phenomena which we meet with in disease, and which are often called by certain *names as separate diseases*, are nothing more than symptoms of a morbid condition of the brain itself, aphasia, progressive loco-

motor ataxia, and certain forms of blindness, deafness, and paralysis, for instance, hearing; also in the course of low fevers, we likewise have strange symptoms from brain complication.

The *Boston Medical and Surgical Journal*, No. 2307, has an interesting article on this subject, entitled "The Mechanism of Thought," which is worthy of note, as follows: "In a paper contributed to the Royal Medical and Chirurgical Society of London, Dr. Broadbent advances a theory of the mechanism of thought, founded partly on his own researches into the structure of the brain, and partly on the phenomena observed in cases of so-called aphasia; and his views may thus be briefly stated: In regard to structure, he believes his dissections demonstrate that the radiating fibres issuing from the central ganglia are chiefly, if not exclusively, distributed to the convolutions forming the margin of the great longitudinal fissure and those forming the margin of the fissure of Sylvius, and the parts adjacent both in front and behind; that the fibres of the corpus callosum are distributed to these same convolutions; that there are convolutions, as those on the under surface of the temporo-sphenoid and orbital lobes, island of Reil, and others on the convex surface, which have no direct connection with either crus, central ganglia, or corpus callosum; and lastly, that there are fibres connecting different parts of the cortical gray substance. His theory in regard to the functional activity of these parts is based on that suggested by Dr. Bastian, and may thus be shortly given: Ideas or thoughts—the act of thinking—are the function of the highest centres occupying those parts of the cerebral hemispheres, which are thus withdrawn from the outer world; when such thoughts or ideas are required to be translated into language, impulses are transmitted through communicating medullary fibres to the third left frontal convolution, where they are formulated into speech, the words being selected that are adapted for the expression of the idea or phrase. But for the articulation of any given words, many muscular groups must be called into play—as those of the chest, larynx, tongue, and lips. The co-ordination of muscles for this purpose is effected by the corpus striatum, in which certain groups of cells representing certain sounds or words exist. The business of the third left frontal convolution is to call into play the right cell groups in the corpus striatum, which shall transmit to the nerve nuclei in the medulla and cord, the impulses requisite for the utterance of the words that it has itself selected as most appropriate for the expression of the idea existing in the supreme centres.

"It is obvious that this theory enables an explanation of many pathological phenomena. Dr. Broadbent, following Dr. Bastian, holds that there may be either paralysis or merely a want of co-ordinating power in each of these centres. In the case of the supreme centres, for instance, the lesion may be so serious as to lead to utter loss of the memory of ideas, and of words as intellectual symbols, and the patient is then said to be amnesic; or, there may be only a want of co-ordinating—a failure in the capability of selecting the words or phrases required to express a given

idea. But the supreme centres may be undisturbed and free from disease, as shown by the retention of memory, and, by the power of expressing ideas by some other mode, as by writing, and yet there may be loss or impairment of speech. In such case, the third left frontal convolution is diseased. And here, again, the lesion may be so severe as to abolish its function of selecting words or phrases appropriate to the idea desired to be expressed, and thus produce aphasia; or its co-ordinating powers may alone be affected, and the impulses it sends down to the corpus striatum may be directed through wrong channels, exciting wrong cell groups, and giving rise to the use of inappropriate words. In cases where the corpus striatum or the motor ganglia in the medulla are affected, aphasia is not present, but there is impairment of articulation. Thus in these several instances we obtain a key to what otherwise are very puzzling groups of symptoms."

OPENING OF KNEE-JOINT AND NO SUBSEQUENT ANCHYLOSIS.—The *Monthly Homœopathic Review*, March, 1872, refers to a case that occurred at the London Hospital, where the wound occurred at the knee-joint and the cavity of the joint was injected with a solution of carbolic acid (1 of acid to 20 of water), which was retained for a minute or two, and allowed to escape. The external wound was then sutured with carbolized gut, the knee enveloped in sixteen layers of carbolized muslin, and a splint applied. After ten minutes, during which the knee felt hot, it became quite comfortable. The following day, the knee was free from pain. In two days the wound and dressing were quite dry, and free from irritation. The scar was perfect in a fortnight when the splint was removed—perfect motion remaining to the knee.

REDUCTION OF STRANGULATED HERNIA.—When the constriction is at the external ring, some of the strangulating fibres can be ruptured and the hernia reduced without the knife by Baron Seutin's method; the same journal refers to it as follows: "The surgeon seeks with his index finger, for the aperture that has given issue to the hernia, pushing up the skin sufficiently from below, in order not to be arrested by its resistance. The extremity of the finger is passed slowly between the viscera and the herniary orifice, depressing the intestine or omentum with the pulp of the finger. This stage of the procedure demands perseverance; for at first it seems impossible to proceed. The finger is next curved like a hook, and sufficient traction exerted on the ring to rupture some of the fibres, giving rise to a cracking, very sensible to the finger, and sometimes to the ear. When this characteristic crack is not produced, the fibres must be submitted to a continuous forced dilatation, which, by distending them beyond the agency of their natural elasticity, generally terminates the strangulation."

INFUSORIA DESTROYED BY QUININE—TOXICAL EFFECT.—Without recommending the use of quinine in disease, I wish to note what Prof. Binz claims for the action of this drug upon some forms of *animaleculi*. He says, "Even in a greatly diluted solution it possesses the faculty to

prevent decomposition of putrefying substances, by acting as a poison on all the various low organisms, which are considered as incitors of the putrefying process. The infusoria stop their active motions, till they are finally dead and dissolve. It also arrests the amoeboid movements of the white blood-corpuscles, even with a highly diluted solution."

Among the toxic effects of 20-grain doses of this drug, Prof. Binz mentions: 1st. Disturbance of nervous system and heart.—"After an hour pains in the head and stomach, vertigo, great prostration, unconsciousness. Pale features, the lips livid and cool, also the extremities; pulse uniform, slow, hardly to be felt; respiration languid, pupils greatly dilated, sight and hearing nearly gone, even after the return of consciousness.

"In giving large doses of quinine we must remember it as a poison to the heart. It kills by direct paralysis of the motor apparatus, most probably of the muscle. Whereas small doses excite the activity of the heart, large ones diminish the pulse and propelling power in the arterial system. After death by quinine in warm-blooded animals the heart stands still in the diastole, and fails to react to any stimulus, even to the galvanic current.

"2d. Disturbances in Hearing.—One case that took 90 grains became totally and incurably deaf.

"3d. Disturbances in the Power of Speech.—Case of hoarseness, and one of loss of speech are mentioned.

"4th. Disturbances of Vision.—Symptoms analogous to amaurosis.

"5th. Hemorrhages and Eruptions.—Such as hæmoptysis and purpura hæmorrhagica. The eruption is of an erythematous character followed by desquamation; œdema also present.

"6th. Large doses may produce albuminuria and in the bladder catarrhal inflammation." (*North Amer. Journal of Homœopathy*, May, 1872.)

UNDIGESTED IN A MONTH.—J. H. Nankivell, Esq., reports a case in which a set of five artificial front teeth, secured by a hook and pegs, became loosened and were swallowed by a lady. They produced considerable retching and spitting of blood in going down the fauces and œsophagus, but finally passed to the stomach, and there they remained in the alimentary canal without any pain or inconvenience, and at the end of four weeks passed per anum.

Dr. A. KORNDORFER then read, as previously announced, an ably written and very interesting paper entitled "A Reply to Dr. Dudley," being in response to Dr. P. Dudley's paper entitled "Homœopathy Misapplied," which was read before the Society and published in the February number of this journal. The reading of the paper was followed by a short discussion between Drs. Dudley and Korndorfer.

Dr. Dudley said he had supposed that he had said all he intended to say on this subject, until some abler pen than his should force the profes-

sion to consider the question he had so feebly set before them. He had no doubt at all that all physicians recognize a line of demarcation between cases that they can treat homœopathically and cases that they cannot so treat. There is no homœopathic physician who does not at some time lay aside his medicine chest and take up his instrument case, his probang, his syringe, or his catheter. Now if the existence of such a line of demarcation is admitted, why may we not discuss its exact locality, without exciting the horror and uplifting of hands of some brethren who feel that the good name of Hahnemann is aspersed, and the very bulwarks of homœopathy are being attacked. Perhaps he (Dr. D.) drew the line, in his own mind, too much towards the side of adjuvants and appliances, and perhaps some one else leans too far the other way, and loses the advantages to be gained sometimes from adjuvants and appliances by adhering to homœopathic medication. But it is not philosophical to not discuss the existence of such a division in the treatment of cases, and argues weakness. The only thing he regretted in regard to writing his paper on "Homœopathy Misapplied," is that he gave any illustrations, for they had served to draw the discussion entirely away from the real points of the paper, which have not yet been discussed at all.

The discussion then became conversational between Drs. Dudley and Korndoerfer, in which nothing was eliminated that had not been touched upon in their papers.

The Society then adjourned.

We publish the subjoined communication at the request of Dr. Dudley.

EDITOR HAHNEMANNIAN MONTHLY:

DEAR DOCTOR: As there seems to be some misunderstanding respecting the drift and scope of the paper on "Homœopathy Misapplied" published in your journal, February number, current volume, permit me to give the following *résumé* of the points contained in it, and which have not as yet been discussed or replied to. If any one of these points be refuted, the entire argument is, of course, overthrown.

A. 1. The direct (that is the *first*) medicinal effect of a drug is always exerted upon the functions.

2. The homœopathic effects of a drug are both medicinal and direct.

3. Therefore a medicine acting homœopathically is acting upon a function (*never upon structure, except indirectly*).

B. 1. (From A 3.) The homœopathic effects of a drug are always exerted upon the functions.

2. The homœopathic effects of a drug are always curative.

3. Therefore, the homœopathic effects of a drug are always exerted upon *disordered* function (*never upon a healthy one*).

C. Therefore any group of symptoms, caused and maintained by any other agency than disorder of some functional process, is not susceptible to homœopathic treatment.

Yours for science,
P. DUDLEY.

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